

COOLIDGE INDEPENDENT SCHOOL DISTRICT
EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

An Equal Opportunity Employer

Personal Data	Date of application _____ Name _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle initial</small> Current address _____ <small style="margin-left: 100px;">Street/Box</small> <small style="margin-left: 100px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">ZIP Code</small> Other address where you may be reached _____ Work phone _____ Home phone _____ Other name that may appear on records _____ <small style="margin-left: 50px;">(Used for certification, reference, and criminal history record checks)</small>			
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	Check the highest level of education attained: <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than two years of college <input type="checkbox"/> Two or more years of college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Other training or education _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <small>(College only)</small>

This school district and its Career and Technology Education Program does not discriminate on the basis of sex, disability, race, color, age or national origin in its educational programs, activities, or employment as required by Title IX, Section 504, and Title VI.

Este distrito escolar y su Programa Educativo de Carrera y Tecnología no discriminan en base a sexo, discapacidad, raza, color, edad u origen nacional en sus programas educativos, actividades, o empleo como lo requiere el Título IX, Sección 504 y Título VI.

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Certification	<p>Certificate or License Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas Emergency</p> <p><input type="checkbox"/> Texas One-Year: Expires _____</p> <p><input type="checkbox"/> Texas Temporary Administrative: Expires _____</p> <p>Level(s) of Certification: _____</p> <p>Areas of Specialization/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																							
Teaching Experience	<p>List teaching experience beginning with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and location of school</th> <th style="width: 20%;">Type of assignment</th> <th style="width: 20%;">Dates taught</th> <th style="width: 30%;">Reason for leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and location of school	Type of assignment	Dates taught	Reason for leaving																
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Other Work Experience	<p>Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">School district/firm name</th> <th style="width: 20%;">Position/title</th> <th style="width: 20%;">Dates employed</th> <th style="width: 30%;">Reason for leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				School district/firm name	Position/title	Dates employed	Reason for leaving																
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Assignment Preference	<p>Please list the days you are available to substitute and your assignment preferences.</p> <p>Day(s) of week <input type="checkbox"/> Every day or only the following: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Assignment <input type="checkbox"/> Any or only the following: <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education</p> <p>Preferred campuses _____ _____</p> <p>Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</p>																									
General Information	<p>Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____ _____ _____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>																									
References	<p>Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Full name of reference</th> <th style="width: 20%;">School district/ firm name</th> <th style="width: 25%;">Mailing address</th> <th style="width: 15%;">Position/title</th> <th style="width: 15%;">Area code, phone number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code, phone number																				
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Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The Coolidge Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

* This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches
represent true identification to criminal history, the organization (as listed below) conducting the
criminal history check is not allowed to discuss any information obtained using this method, therefore
the agency may offer the opportunity to have a fingerprint search performed to clear any
misidentification based on the name search, if the search provides a criminal report I know could not be
mine.

For the fingerprinting process I will be required to submit a full and complete set of my
fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint
identification system). I have been made aware that in order to complete this process I must have the
correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and
complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company,
L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on
my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

____/____/____
Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

____/____/____
Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hired _____ Not Hired _____	_____ initial
Date Printed: ____/____/____	_____ initial
Destroyed Date: ____/____/____	_____ initial
Retain in your files	