

READ CAREFULLY BEFORE STARTING TO COMPLETE THE APPLICATION FORM

General Information

Applicant forms are sent to all individuals who request them, regardless of existing vacancies in the departments for which preference is expressed or the number of candidates whose applications are on file in the personnel office. The issuance of such forms does not, therefore, imply that there are vacancies or that the applicant is under consideration for immediate employment.

Prerequisites for Employment in the D'Hanis Independent School District

• **Personal Qualifications**

Consideration is given to the selection of a candidate after careful inquiry is made as to the prior experience and personal qualifications considered desirable for working in close relationship with children, professional colleagues, parents, and the community. A personal interview with an official designated is required prior to employment.

• **Physical Qualifications**

Each person, when employed for a position in D'Hanis Independent School District shall present a physical exam certificate, including tuberculosis test, prepared by a licensed physician showing evidence of physical fitness. This certification must be executed at the time of employment. The completed forms must be on file with the central office prior to the first working day of the employee.

• **Employment Documents**

Although copies of certain documents are acceptable for inclusion in the application, once employed, an individual must submit official copies of the following documents:

- * Service Record
- * Official transcripts from college/university work listing all credits and degrees earned
- * Certifications

• **Professional Qualifications**

A candidate shall have a bachelor's degree or other appropriate degrees from a fully accredited college or university. The applicant shall hold a valid Texas certification for the level and subject area in which the applicant is to be employed.

INSTRUCTIONS FOR FILING AN APPLICATION WITH THE D'HANIS INDEPENDENT SCHOOL DISTRICT

Completed Application Form- All information called for on the application form should be filled out accurately and completely. Misrepresentation, falsification, or omissions will be sufficient cause for cancellation of this application or termination if you are employed. Names, addresses, and telephone numbers, where called for, should be given in full. Applicants must account for all dates from entry into college to the present.

References- References are called for on the application form. Professional references are most important and should include only those persons who have supervised the applicants teaching and training. Duplicate the Reference Request Form and send to your references.

College Transcripts- It is the responsibility of the applicant to see that a complete unofficial college transcript covering all college work, professional training and degrees earned are forwarded to the personnel department. If selected for a position, an official transcript from the university will be required.

Teacher Service Record- Upon employment and if you have prior teaching experience, it is your responsibility to have your Teacher Service Record sent to the personnel department.

Teacher Certificate- A copy of your Texas Teacher Certification or out-of-state certificate should be attached. Recent graduates should submit a letter from the university indicating that you have been recommended for the certificate.

Personal Interview- A personal interview is required prior to being considered for any position. The administrator in charge of the position for which you are applying will schedule interviews.

Release from Contracts- It is understood that an appointment to a position in the District is always made on the condition that there has been an honorable release from any previous contract into which the appointee may have entered.

Offer of Employment and Contract- An offer of employment is given to the applicant by the administration, subject to the approval of the Board of Trustees as required by state law.

The D'Hanis Independent School District does not discriminate in employment on the basis of race, color, religion, national origin, sex, age, marital or veteran status, or the presence of a handicap or disability.

AN EQUAL OPPORTUNITY EMPLOYER

D'Hanis Independent School District

P.O. Box 307
D'Hanis, Texas 78850

Office: 830-363-7215
Fax: 830-363-8116

APPLICATION FOR A PROFESSIONAL POSITION

Teacher

 Nurse

 Counselor

 Business Manager

 Principal

(Please check box that applies to your application)

Last Name First Middle

Current Street Address City/State/Zip Code

(_____) _____ (_____) _____
Work Telephone Number Home Telephone Number

Permanent Home Address City/State/Zip Code Permanent Home Telephone Number
(If different from above)

Social Security Number: - -

INDICATE THE POSITION FOR WHICH THIS APPLICATION IS MADE

- | | |
|--|---|
| <input type="checkbox"/> Pre- Kindergarten | <input type="checkbox"/> Middle School (6-8) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> High School (9-12) Subjects: _____ |
| <input type="checkbox"/> Elementary (1-5) Grade Preference _____ | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Assistant Principal |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Business Manager |
| <input type="checkbox"/> Coach (Indicate sport) _____ | <input type="checkbox"/> Other _____ |

CERTIFICATIONS (List all certifications and endorsements earned.)

Certificate	State	Date	Certificate	State	Date

Driver's License: State: _____ Type: _____ Number: _____

If employed, can you provide proof of citizenship or determination of intent? Yes No

Please indicate the extracurricular activities you are able to direct: _____

Have you ever been terminated, non-renewed, discharged, suspended, or asked to resign from a school district or job? Yes No
If yes, provide name of employer, date, and reason for each occurrence.

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Professional and/or Teaching Experience: Give a record of each employment you have held, omitting student teaching and substitute teaching experience. Start with your current employer and work back.

Name and address of school/employer	Period of service (Give exact dates)	Grades or subject/job	Reason for leaving position

May we contact your current employer? Yes No

Conviction of a crime is not an automatic bar from employment. D'Hanis ISD will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying. A Criminal History Check Authorization and Information form is enclosed with this application. Complete all of the Criminal History Information requested, sign and date the Authorization and Acknowledgement, and include the form when you submit this application to DISD.

Failure to disclose information regarding conviction or deferred proceedings for any offense may be grounds for disqualification of your application for consideration for employment, or if employed, for termination of your employment.

Educational and Professional Training

Institution Name and Address	Major	Minor	Diploma, Degree, Certificate	Date Conferred

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Professional Data Please identify your published works, professional memberships and office held, seminars or workshops conducted, outstanding accomplishments.

References: At least five (5) references must be supplied, including full name and address. These should include employers and others under whom you have worked or who have first-hand knowledge of your character, personality, scholarship, teaching ability and working ability. DO NOT LIST RELATIVES.

Name and Address	Organization	Telephone	Address/Zip Code

Comments: Provide any additional information that might qualify you for the position you seek.

Whom may we contact if we are unable to reach you during the application process?

Name	Address	Telephone

Are you related, in any way, to any member currently serving on the DISD School Board or an employee of the department to which you are applying? Yes No

If yes, please explain: _____

AFFIRMATION AND ACKNOWLEDGMENT

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION MAY BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR DISCHARGE IF I HAVE BEEN EMPLOYED. Furthermore, it is understood that this application becomes the property of D'Hanis ISD which reserves the right to accept or reject it.

I hereby apply for employment with the D'Hanis Independent School District, and give the District permission to make inquiries of references and former employers concerning my general character and past performance, including permission to obtain criminal history information from any law enforcement (local, state or national) pursuant to Chapter 22, Subchapter C of the Texas Education Code (or as subsequently revised). I hereby give you permission to obtain references, placement folder information, and information, which becomes part of this record, may be revealed to all persons who participate in the selection of employees. In signing this application, I understand that all references and personal information become part of this application and is considered confidential and will not be revealed to me.

Applicant's Signature

Date

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I hereby give you permission to complete the following reference request furnished by the D'Hanis Independent School District and to forward the completed form to DISD. I understand that this information will become part of my application and is considered CONFIDENTIAL and will not be revealed to me

Date _____ Signature of Applicant _____

_____ Date _____

GREETINGS: You _____, are mentioned as one who is acquainted with the educational and professional qualities and character of _____ (applicant).

The applicant seeks the position as _____ in D'Hanis ISD. The Personnel Office asks you to respond to the following questionnaire. All information will be treated with STRICT CONFIDENCE.

Between what dates have you known the work of the applicant? From _____ to _____

What position did the applicant then occupy? _____

In what capacity did you know the applicant at the time? _____

For what position do you consider the applicant best suited? _____

If the applicant were applying to you for a similar position, would you employ? Yes No

Please indicate by check mark in the appropriate columns your confidential rating of the applicant:

	Unsatisfactory	Below Expectations	Satisfactory	Exceeds Expectations	Clearly Outstanding	Lack of Basis for Evaluation
General Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Subject Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to New Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness in Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact and Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Established Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gen. Professional Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Date _____ Signature of Designated Reference _____

Organization _____ Position _____

Telephone _____ Address/Zip Code _____

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

I, _____, have been notified that a Computerized Criminal 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 identifiers I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

CRIMINAL HISTORY CHECK AUTHORIZATION AND INFORMATION FORM

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO CONSIDERATION FOR EMPLOYMENT OR CONTINUED EMPLOYMENT, EXCEPT WHERE EMPLOYMENT IS PROHIBITED BY TEXAS LAW FOR CERTAIN CONVICTIONS; FOR OTHER OFFENSES, FACTORS SUCH AS THE DATE OF THE OFFENSE, THE TIME PERIOD BETWEEN THE OFFENSE AND THE PRESENT, THE NATURE AND SERIOUSNESS OF THE OFFENSE, AND REHABILITATION WILL BE CONSIDERED BY D'HANIS INDEPENDENT SCHOOL DISTRICT.

CRIMINAL HISTORY INFORMATION

Applicants for employment and employees of D'Hanis Independent School District are requested to complete this Criminal History Information form in compliance with Chapter 22, Subchapter C of the Texas Education Code (or as subsequently revised). The information will be used solely for the purpose of assisting DISD in conducting a Criminal History Check (local, state and national). Failure to provide all the information requested may result in rejection of an applicant or discipline, up to and including termination, of an employee.

Name: _____ Social Security: _____

Date of Birth: _____ DL# _____ DL State _____

Male Female Ethnic Identifier: _____

Use additional sheets if necessary, to respond to the following:

If less than 5 years at above address, provide each former street address/city/state/zip code for the past 10 years.

Provide all aliases or former names, including maiden names, and their dates of use.

Have you ever pled guilty or nolo contendere (no contest) to or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets? Yes No

If yes, provide complete information of all criminal offenses, including dates, location (city and state), and disposition.

CRIMINAL HISTORY CHECK AUTHORIZATION AND INFORMATION FORM (cont)

If you are **currently** serving any of the following for any criminal offense, check the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pretrial diversion/intervention | <input type="checkbox"/> Community supervision | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Probation without adjudication of guilt | <input type="checkbox"/> Probation | <input type="checkbox"/> Deferred adjudication |

For each box checked, provide complete information on the criminal offense, current status, and expected date of completion.

If you **previously** served any of the following for any criminal offense, check the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pretrial diversion/intervention | <input type="checkbox"/> Community supervision | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Probation without adjudication of guilt | <input type="checkbox"/> Probation | <input type="checkbox"/> Deferred adjudication |

For each box checked, provide complete information on the criminal offense, current status, and expected date of completion.

AUTHORIZATION AND ACKNOWLEDGMENT

I have read and understand this form. I certify that the information and representations provided by me are true, correct, complete, and contain no omissions. I understand that false, incorrect, misleading or incomplete information on this form may result in rejection of my application or termination if employed.

I understand that D'Hanis Independent School District (DISD) may request a local, state and national Criminal History Check (CHC). DISD is required to submit certain identifying information to obtain this CHC. I hereby authorize the use of the information provided herein for this investigation. I understand and agree that if hired, this authorization and acknowledgement shall remain valid and shall serve as an ongoing authorization for DISD and its agents to obtain a CHC for employment at any time during my employment.

I understand that the information provided will be used only to obtain the CHC. I also understand that additional information, including fingerprints, may be required to complete the CHC. I agree to provide additional information, including fingerprints, if requested by DISD. I understand that if the CHC discloses a conviction or other action which would make me unsuitable for employment in the position for which I have applied or in which I am working then I may be considered ineligible for employment.

Applicant/Employee Signature

Date

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