

ODEM-EDROY INDEPENDENT SCHOOL DISTRICT

One Owl Square, Odem, TX 78370

361-368-8121, Ext. 224 or 225

An Equal Opportunity Employer

Employment Application for Professional Personnel

Date of application _____ Email _____																					
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-left: 100px;"> <i>Last</i> <i>First</i> <i>Middle initial</i> </div> Current address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-left: 100px;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>ZIP Code</i> </div> Other address where you may be reached _____ Home phone _____ Cell phone _____ Other phone _____ Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>																				
Position Data	List the position(s) for which you are applying _____ <u>Please submit the following credentials with your application:</u> Résumé All teaching and professional certificates or licenses All transcripts showing degrees Service Record Highly Qualified Information ***** Date you can begin work _____ Have you been employed by Odem-Edroy ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____																				
Education/Training	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and location of schools attended</th> <th style="width: 30%;">Course of study and major/minor</th> <th style="width: 30%;">Diploma, degree, certificate, or license granted</th> <th style="width: 10%;">Year graduated <i>(College only)</i></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 schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>																
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Certification/Licensure

Certificates or Licenses Currently Held:

- None
- Valid Texas
- Valid Other State _____
- Texas One-Year (out-of-state/country): Expiration date: _____
- Other: _____

Category/Level(s) of Certification: _____

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

Teaching Experience

List teaching experience beginning with most recent years.

Name and location of school		Name and location of school	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	
Name and location of school		Name and location of school	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	

Other Work Experience	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.				
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
Reason for leaving		Reason for leaving			
References	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of the Odem-Edroy ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____ _____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude? <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>
Verification	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.*

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Odem-Edroy ISD

Agency Name (Please print)

Yolanda L. Carr

Agency Representative Name (Please print)

Yolanda L. Carr

Signature of Agency Representative

09/01/2018

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

