

Application of _____
name

address

present position

for _____
position as teacher of

in the (preference is indicated by order in which grades or subjects are listed)

date

signature



We assure equal opportunity for all applicants. All policies regarding employment will be administered without regard to race, color, creed, religion, national origin, age, handicap, sex, or marital status.

1. Full Name _____ Social Security No. _____
2. Present Address _____ Telephone No. _____
 _____ ZIP Code _____
3. Permanent Address _____ Telephone No. _____
 _____ ZIP Code _____

4. Give full and accurate data regarding your educational development.

EDUCATIONAL/PROFESSIONAL TRAINING	<i>School or Institution — Name</i>	<i>Course</i>	<i>Degree or Diploma</i>	<i>Credits or Hours Received</i>
	High School			
	College or University			
	Graduate Work			
	Special			

5. Give full and accurate data regarding your teaching experience.

TEACHING EXPERIENCE	<i>Name of School or Institution — Location</i>	<i>Grades or H. S. Subjects</i>	<i>Date</i>	<i>No. of Months</i>
	Total Years of Teaching Experience _____			

6. What grade levels or subjects are you qualified or certified to teach? _____
-
7. Check any of the following which you are able to direct or coach successfully:
- Debates Oratorical Contests Clubs Basketball Track Calisthenics
- School Plays Orchestra Choir Baseball Tennis Football
- Science or Mathematics Competition Arts and Crafts Playground Activities
8. What academic or professional honors have you received? _____
-
9. Do you hold a certificate valid in this state? _____ What kind? _____
10. Add by letter any additional information that will give us a more complete estimate of your training, experience, character, and ability. Copies of testimonials in your possession may be included.
11. When could you begin work here? _____
12. When possible, a personal interview is required before appointment will be made.
13. This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. In case of appointment you will be notified **AT ONCE**. Mail application to Superintendent of Schools.
14. Give at least five references, including especially superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

REFERENCES	NAME	ADDRESS	OFFICIAL POSITION
	1		
	2		
	3		
	4		
	5		
	6		

15. Applicant for high school position will list here all of the courses taken, qualifying him to teach the subjects applied for. List also all courses in Education.

NOTE — A semester hour is one class per week for not less than 18 weeks.

HIGH SCHOOL POSITION	High School Subject	Units	Junior College Voc.-Tech. College Subject	Credits Received	College or University Subject	Credits Received	Graduate Work Subject	Credits Received

DO NOT WRITE ON THIS PAGE

For use of Superintendent

	Date	School Year	Rank	Salary	Position Assigned	Building	Assignment Changed to	
OFFICIAL DATA	Appointed							
	Re-Appointed							

PROFESSIONAL GROWTH IN SERVICE	Degrees Received <i>(Institution and Date)</i>
	Courses Taken <i>(Institution and Date)</i>
	Research Completed
	Articles Completed <i>(Magazine and Date)</i>
	Memberships Maintained <i>(Professional Organizations)</i>
	Offices Held <i>(Organization and Dates)</i>
	Travels
	Remarks:

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

 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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

