

McMullen County Independent School District
P.O. Box 359 - Tilden, TX 78072

An Equal Opportunity Employer

We consider applications for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related, or any other legally protected status

Personal

Date: _____	Social Security Number: _____		
Name: _____			
Last	First	Middle	
Address: _____		State	Zip
Street/P.O. .Box	City	State	Zip
Phone: _____	Work Phone: _____		
Name on records if different from present name: _____			

Position

Position for which you are applying: 1 st Choice _____ 2 nd Choice _____
List other areas for which you are qualified: _____

Date available: _____
Credentials Included With Application
_____ Resume
_____ All teaching and professional certificates
_____ All transcripts showing degrees
Former McMullen County I.S.D. employee: Yes _____ No _____
If yes, give dates of employment: _____

Areas of Specialization:

_____ Administrator	_____ Art	_____ Nurse
_____ Superintendent	_____ Health & PE	_____ Supervisor
_____ Principal	_____ Music	_____ Visiting Teacher
_____ Mid-Management	_____ Librarian	
_____ Kindergarten	_____ Counselor	
_____ Elementary	_____ Special Education (specify _____)	
_____ Secondary	_____ Vocational (specify _____)	
_____ Other (specify _____)		

Certification

Type of Certificate Held Now:

_____ None

_____ Valid Texas

_____ Valid other state (_____)

_____ Emergency (Texas)

_____ Texas one-year certificate (Expiration date _____)

_____ Texas temporary administrative (Expiration date _____)

Have you ever had any certificate(s) issued by the State of Texas revoked or suspended?

Yes _____ No _____ If yes, please explain: _____

Education

Name of School Attended	City, State & Zip	Field of Study	Degree Earned	Dates Attended

Teaching Experience (beginning with most recent)

Name of School and Address	Type of Assignment	Date Employed	Reason for Leaving

Teaching Experience Continued

_____ Total Creditable Years (Full-time teaching in college, public school or in an accredited private school is creditable.)

Have you ever had your employment non-renewed or terminated or have you ever resigned rather than be subject to non-renewal or termination? Yes _____ No _____ If yes, please explain: _____

All Other Past Employment (Attach additional sheets if necessary)

Name of Employer	Position/Title	Dates Employed	Reason for Leaving

Professional

Publications/Articles _____

 Seminars/Workshops Conducted _____

 Other Related Professional Activities _____

General

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying? Yes _____ No _____
 If yes, please explain: _____

General Information Continued

Do you have a relative who is employed in any capacity in the McMullen County I.S.D. or who is a member of the McMullen County I.S.D. Board of Education? Yes _____ No _____

If yes, please give name of the relative, relationship and position held: _____

Have you ever been convicted of a felony or offense involving moral turpitude and/or received probation or deferred adjudication? Yes _____ No _____

If yes, please explain: _____

(Conviction of a felony 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.)

If graduated within the past two years, list people connected with your student teaching

	Name	Address City, State & Zip Code
College Supervisor		
Co-operating Teacher		

Student-teaching in (grades or subjects) _____

Attach to this application a complete transcript of your college credits.

Are credentials on file with a teacher placement office? Yes _____ No _____

If yes, please have a copy sent to the superintendent.

References (principal, administrator, superintendent, etc., who may be contacted regarding your work history)

Name	Position	School District	Mailing Address	Phone No.

Please make a statement in your own handwriting concerning your reasons for desiring a position with the McMullen County I.S.D. (Use additional sheets of paper if necessary.)

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge.

I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants for employment.

I understand that, if employed, failure to disclose conviction for a felony or for an offense involving moral turpitude may be considered sufficient cause for dismissal.

Furthermore, this application becomes the property of the district and the district reserves the right to accept or reject it.

Date

Signature of Applicant

Please sign and date the release forms below.

I hereby give my permission to release information concerning my employment to the McMullen County Independent School District. I agree that the information will not be disclosed to me but will be treated as confidential by the district, and I waive any right to see this information.

Name: _____ Social Security Number: _____

Signature: _____ Date: _____

I hereby give my permission to release information concerning my employment to the McMullen County Independent School District. I agree that the information will not be disclosed to me but will be treated as confidential by the district, and I waive any right to see this information.

Name: _____ Social Security Number: _____

Signature: _____ Date: _____

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Name: _____ Social Security Number: _____

Signature: _____ Date: _____

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Name: _____ Social Security Number: _____

Signature: _____ Date: _____

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 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: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	