#### An Equal Opportunity Employer\*

Dat	Date of application						
Data	Name		M	Middle initial			
	E-mail address	reet/Box City	State Zi	IP Code			
Personal	Home phone						
Pe	Other name that may appear on records						
	(Used for certification, reference, and criminal history record checks)						
	List the position(s) for whi	ch you are applying					
	List the position(s) for which you are applying  Credentials included with application:						
ä	☐ Résumé						
Data	☐ All teaching and professional certificates or licenses						
Position	☐ All transcripts showing degrees						
Posi	Date you can begin work						
			ISD in the past? [	☐ Yes ☐ No			
	If you answered yes, provide dates of employment						
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated (College only)			
ining							
Education/Train							
ucati							
Edi							

Certification/Licensure	Certificates or Licenses Currently Held:  None Valid Texas 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:					
	List teaching expe	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			
Experience	Principal's name and phone		Principal's name and phone			
	Reason for leaving		Reason for leaving			
eaching	Name and location of school		Name and location of school			
Te	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			

Please provide a list of all other jobs or administrative positions you h 10 years. Attach additional sheets if necessary. Attach résumé if availa							eld in the past
	Employer name and location		cessar		Employer name and		
	Position/title held	tion/title held		Position/title held			
Se.	Dates employed			Dates emplo	oyed		
Other Work Experience	Supervisor's name and phone	- · · · · · · · · · · · · · · · · · · ·		Supervisor's name and phone			
ork Exp	Reason for leaving			Reason for leaving			
her Wo	Employer name and location	and		Employer name and location			
Ōţ	Position/title held			Position/titl	e held		
	Dates employed			Dates emplo	oyed		
	Supervisor's name and phone			Supervisor's and phone	name		
	Reason for leaving			Reason for I	eaving		
Please list references the district can contact regarding your v				our work	history.		
	Full name of reference	School district/ firm name		/lailing ddress	Positio	on/title	Area code/ phone
References							
Refer							

	Do you have a relative who serves on the Board of Education or is an employee of ISD?					
	☐ Yes ☐ No If yes, please provide the relative's name and relationship:					
<b>General Information</b>	Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)? □ Yes □ No					
Gene	If yes, please state where, when, and the nature of the offense					
	(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.)					
	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 sub sequent employment.					
Verification	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, per sonal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.					
Veri	I understand that the district is required by Texas Education Code to review criminal history of applicants.					
	Signature Date					
	This application becomes the property of the district. The district reserves the right to accept or reject it.					



<sup>\*</sup>Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation or gender identity), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.

In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment.

Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both. Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, (name, title, office address, email address, and telephone number).

### McLean ISD CRIMINAL HISTORY INFORMATION REQUEST

#### Confidential

The Mclean 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.\*

Pleas	e print.					
Name	e					
Last Social Security Number				First		
Drive	r's License					
		State and N				
Maili	ng Address					
		Street	City		State	Zip
Sex:	☐ Male	☐ Female	Ethnicity	v: ☐ Black	☐ White/Oth	ıer
deter	mine eligib	at the information I a pility for employmen nformation.†	-	_		
 Signa						
Date						

<sup>&</sup>lt;sup>†</sup> This form will be removed from the application and filed separately in the HR office.



<sup>\*</sup> The information requested is required to complete a name-based criminal history information check with the Texas Department of Public Safety.

### **DPS Computerized Criminal History (CCH) Verification**

(AGENCY COPY)

(AGENCI COLI)				
, acknowledge that a Computerized Criminal				
APPLICANT or EMPLOYEE NAME (Please print)				
History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure				
Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as				
information for the applicant.) 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 record information (CHRI), therefore the organization conducting				
the criminal history check is not allowed to discuss with me any CHRI obtained using the name and				
<u>DOB</u> method. The agency may request that I also have a fingerprint search performed to clear any				
misidentification based on the result of the <u>name and DOB</u> search.				
In order to complete the fingerprint 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 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 \$25.00 to the fingerprinting services company.				
Once this process is completed the information on my fingerprint criminal history record may be				
discussed with me.				
(This copy must remain on file by this agency. Required for future DPS Audits)				
Signature of Applicant or Employee (optional)				
Please: Check and Initial each Applicable Space				
Date CCH Report Printed:				
Agency Name (Please print)  YES NO initial				
Purpose of CCH:				
gency Representative Name (Please print) Empl Vol/Contractor initial				
Date Printed: initial				
Signature of Agency Representative  Destroyed Date: initial				
Retain in your files				

Date