

**ROCKSPRINGS INDEPENDENT SCHOOL DISTRICT
EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

An Equal Opportunity Employer

Personal Data	Date of application _____			
	Name _____			
	Current address _____		_____	
	<i>Last</i>		<i>First</i>	
	_____		_____	
	<i>Street/Box</i>		<i>City</i>	
<i>State</i>		<i>ZIP Code</i>		
Other address where you may be reached _____				
Work phone _____		Home phone _____		
Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>				
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees			
	Have you been employed by Rocksprings _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	Check the highest level of education attained: <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than two years of college <input type="checkbox"/> Two or more years of college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Other training or education _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <i>(College only)</i>

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Certification	<p>Certificate or License Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas Emergency</p> <p><input type="checkbox"/> Texas One-Year: Expires _____</p> <p><input type="checkbox"/> Texas Temporary Administrative: Expires _____</p> <p>Level(s) of Certification: _____</p> <p>Areas of Specialization/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Teaching Experience	List teaching experience beginning with most recent years.			
	Name and location of school	Type of assignment	Dates taught	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.			
	School district/firm name	Position/title	Dates employed	Reason for leaving

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Assignment Preference	<p>Please list the days you are available to substitute and your assignment preferences.</p> <p>Day(s) of week <input type="checkbox"/> Every day or only the following: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Assignment <input type="checkbox"/> Any or only the following: <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education</p> <p>Preferred campuses _____ _____</p> <p>Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</p>																									
General Information	<p>Have you ever been convicted of, plead guilty or no contest (nolo contendere) 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)? <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>																									
References	<p>Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Full name of reference</th> <th style="width: 15%;">School district/ firm name</th> <th style="width: 25%;">Mailing address</th> <th style="width: 20%;">Position/title</th> <th style="width: 20%;">Area code, phone number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code, phone number																				
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Verification

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.

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.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

Return to: Rocksprings I.S.D.
 P.O. Box 157
 Rocksprings, TX 78880

Phone #830-683-4137
FAX #830-683-4141

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 LI 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, LI 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

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		

ACCESS TO POLICE RECORDS OF EMPLOYMENT APPLICANTS
REF: TEXAS EDUCATION CODE SEC. 21.917

A school district is entitled to obtain criminal history record information that related to an applicant seriously considered for employment with the district.

The Rocksprings Independent School District, in order to obtain information regarding any criminal history record that a potential applicant may have, needs the following information. This information will be used for the purpose of evaluating for employment only.

My legal name is: _____
(First, complete middle name, last)

Sex: Male () Female ()

Race: White () Black () Other ()

Date of Birth: ____ / ____ / ____
 mm dd yy

Signature _____

Date ____ / ____ / ____

Social Security Number _____ - _____ - _____

Drivers License Number _____ State _____

User Code# 0986E

NOTICE: THIS APPLICATION WILL BE CONSIDERED INVALID WITHOUT
A COMPLETED CRIMINAL HISTORY CHECK AS MANDATED BY
SECTION 21.917 OF THE TEXAS EDUCATION CODE.