



CENTER POINT INDEPENDENT SCHOOL DISTRICT
 PO BOX 377 * CENTER POINT, TX 78010 * (830) 634-2171 * FAX: (830) 634-2254
Employment Application for Professional Personnel

*An Equal Opportunity Employer**

Personal Data	Date of application _____ SSN: _____ <i>(Providing your Social Security number allows the district to verify your certification. Disclosure is optional.)</i>			
	Name _____ Last First Middle initial			
	Current address _____ Street/Box City State ZIP Code			
	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	List the position(s) you are applying for: _____			
	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 Date you can begin work _____ Have you been employed by Center Point ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <i>(College only)</i>

CENTER POINT INDEPENDENT SCHOOL DISTRICT
 PO BOX 377 * CENTER POINT, TX 78010 * (830) 634-2171 * FAX: (830) 634-2254
Employment Application for Professional Personnel

Certification	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> 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	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

CENTER POINT INDEPENDENT SCHOOL DISTRICT
 PO BOX 377 * CENTER POINT, TX 78010 * (830) 634-2171 * FAX: (830) 634-2254
Employment Application for Professional Personnel

General Information	<p>Do you have a relative who serves on the Center Point ISD Board of Education?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship _____</p> <p>_____</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 (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>_____</p> <p>_____</p> <p><small>(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.)</small></p>
----------------------------	--

References	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.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code, phone number

CENTER POINT INDEPENDENT SCHOOL DISTRICT
PO BOX 377 * CENTER POINT, TX 78010 * (830) 634-2171 * FAX: (830) 634-2254
Employment Application for Professional Personnel

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. This application shall be considered active for 24 months. If you have not received a response during this time period, you may reapply or reactivate your application.

**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*

The district Title IX Coordinator is: Mr. Cody Newcomb

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 L1 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, L1 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

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	