

VERIBEST ISD APPLICATION FOR PROFESSIONAL EMPLOYMENT

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

Date of application _____ Social Security number _____				
Name _____				
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>		
Current Address _____				
<i>Street/Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Other address where you may be reached _____				
Work Phone _____		Home Phone _____		
Other name that may appear on records _____				
Driver's License Number _____				

POSITION DATA

Please list position(s) applying for _____

Credentials included with application: *(check all that apply)*

Resume _____ Teaching and professional certificates or licenses _____ Transcripts showing degrees _____

Date you can begin work _____

Have you been employed previously with Veribest ISD? Yes _____ No _____

If yes, please 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 (college only)

CERTIFICATION

Certificates or Licenses Currently Held:

None _____ Valid Texas _____ Valid Other State _____ Texas Emergency _____

Texas One-Year _____ Expires _____ Texas Temporary Administrative _____ Expires _____

Level(s) of Certification _____

Areas of Specialization/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

PROFESSIONAL DATA

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/articles published _____

Seminars/workshops conducted _____

Other related professional activities _____

GENERAL INFORMATION

Do you have a relative who serves on the Veribest ISD Board of Education? Yes ____ No ____

If yes, please provide the relatives name and relationship. _____

REFERENCES

Full name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area code, Phone Number

STATEMENT OF PHILOSOPHY

Please use the space provided below to explain your views on education, as well as amplify any information concerning training, experience, and personal qualifications.

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 12 (twelve) months. If you have not received a response during this time period, you may reapply or reactivate your application.

VERIBEST INDEPENDENT SCHOOL DISTRICT

RELEASE FOR CRIMINAL HISTORY CHECK

Last name First Name Middle Name or Initial

Maiden name or other names used in any and all other records of birth or records of residence

*Mailing Address City State Zip Code

*Physical Address

**Date of Birth Social Security Number ** Gender ** Race

Driver's License Number DL State DL Exp. Date

*As shown on original application

**To be used for criminal history checks and not for any other purpose

I, _____, am an applicant for employment/volunteerism with the _____ and understand that as a part of the application process, the district conducts a criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of the document, in performing the criminal history check.

(Circle One) Employee/Applicant Substitute Personnel Student Teacher Volunteer Other

The following are responses to questions about my criminal history (if any). I understand a conviction may not disqualify me, but a false statement will.

1. ____Yes ____No Have you ever been convicted or pled guilty before a court for a federal, state, or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, provide details below.

State: _____ County _____ Date of Offense ____/____/____

Details of convictions: _____

2. ____Yes ____No Have you ever been convicted or pled guilty before a court for a federal, state, or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, provide details below.

State: _____ County _____ Date of Offense ____/____/____

Details of convictions: _____

3. ____Yes ____No Have you ever been convicted or pled guilty before a court for a federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, provide details below.

State : _____ County _____ Date of Offense ____/____/____

Details of convictions: _____

4. ____Yes ____No Have you even been convicted or pled guilty before a court for a federal, state, or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, provide details below.

State _____ County _____ Date of Offense ____/____/____

Details of convictions: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELLING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, 20____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

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.

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 _____ NO _____	_____ initial
Purpose of CCH:	_____
Hire _____ Not Hired _____	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	