



# Clifton

**INDEPENDENT SCHOOL DISTRICT**

www.cliftonisd.org

1102 Key Avenue, Clifton, TX 76634 (254) 675-CUBS (2827)

## Employment Application for Professional Personnel

We consider Applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

### PERSONAL DATA

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE INITIAL

Current Address \_\_\_\_\_

STREET/BOX

CITY

STATE

COUNTY

ZIP CODE

Other Address Where You May Be Reached \_\_\_\_\_

STREET/BOX

CITY

STATE

COUNTY

ZIP CODE

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name Used On Records If Different From Present Name \_\_\_\_\_

Name As It Appears On Your Teaching Certificate \_\_\_\_\_

### POSITION DATA

Position For Which You Are Applying \_\_\_\_\_

#### Credentials Included with Application:

- Resume  All Official Transcripts Showing Degree
- All Teaching And Professional Certificates (Front And Back, If Appropriate)\*

\*Applicants graduating in 1986 or after must provide proof of certification or ExCet/TEXES test results to verify certified teaching areas.

Date Available \_\_\_\_\_ Former CISD Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Dates of Employment \_\_\_\_\_

**EDUCATION/TRAINING**

Schools Attended: List All Applicable Information

Name Of School And Location	Course Of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated (College Only)

**CERTIFICATION**

Type Of Certification Currently Held: (Please check all that apply)

Due to No Child Left Behind requirements, applicants who do not complete this section will not be considered for employment.

Valid Texas: (Circle One) Provisional / Professional / Standard – Expiration date: \_\_\_\_\_

Valid Other State: \_\_\_\_\_

Texas One-Year Certificate: Expiration Date \_\_\_\_ / \_\_\_\_

Name of Alternative Certification Program: \_\_\_\_\_

Texas Temporary Administrative: Expiration Date \_\_\_\_ / \_\_\_\_

**Certification**

Superintendent

Administrator (Mid-management)

Counselor

Librarian

Teacher

Other: \_\_\_\_\_

**Level (Grades)**

Secondary (\_\_\_\_)

Elementary (\_\_\_\_)

All Level (\_\_\_\_)

Early Childhood (\_\_\_\_)

Special Education (\_\_\_\_)

Other: \_\_\_\_\_ (\_\_\_\_)

**Area (i.e. Biology, Math, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEACHING EXPERIENCE**

List Teaching Experience Beginning With Most Recent Years.

Name of School and Location	Type of Assignment	Subjects/ Grades Taught	Dates Taught	Reason for Leaving

**OTHER WORK EXPERIENCE**

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

**PROFESSIONAL DATA**

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

- ◆ Publications/Articles \_\_\_\_\_
- ◆ Seminars/Workshops Conducted \_\_\_\_\_
- ◆ Other Related Professional Activities \_\_\_\_\_

**GENERAL INFORMATION**

Do you have a relative who is a member of the Clifton ISD Board of Education? Yes \_\_\_ No \_\_\_

If yes, please give the name of the relative and the relationship.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of a felony or any offense involving moral turpitude (including, but not limited to theft, murder, swindling, and indecency with a minor)? Yes \_\_\_ No \_\_\_

If yes, please state where, when, and the nature of the offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (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.)

**REFERENCES**

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your work experience.

<b>Full Name of Reference</b>	<b>School District or Firm Name</b>	<b>Mailing Address</b>	<b>Position/Title</b>	<b>Area Code/Phone Number</b>

**VERIFICATION**

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

I understand that the district is required by Texas Education Code 22.083 to obtain criminal history record information on applicants selected for employment.

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 a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



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## Addendum to Application

THE CLIFTON INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT WITH THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083).

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION AND WILL NOT BE USED IN ANY MANNER RELATED TO DETERMINING THE ELIGIBILITY FOR EMPLOYMENT WITH THE DISTRICT.

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Please list any/all names that you have previously used, including nick names, maiden names, etc.

\_\_\_\_\_  
\_\_\_\_\_

Sex:  Male  
 Female

Ethnicity:  American Indian/Alaskan Native  
 Asian/Pacific Islander  
 Black  
 Hispanic  
 White

Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Place of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DPS Computerized Criminal History

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.

Please provide us with any / all names that you have previously used, including maiden name, etc:

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\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

### Office Use Only

CCH Report Printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ Initial \_\_\_\_\_

Purpose of CCH \_\_\_\_\_

Hire \_\_\_\_\_ Not Hired \_\_\_\_\_ Initial \_\_\_\_\_

Date Verified \_\_\_\_\_ Initial \_\_\_\_\_

Retain in Specified Location