

# TRINITY INDEPENDENT SCHOOL DISTRICT

P O BOX 752  
TRINITY, TEXAS 75862

## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

Please fill in the application below. When you are finished and have electronically signed this document, please press the Submit Button (Top Right Corner) and follow the directions to send this document to HR@trinityisd.net

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

*Trinity Independent School District is an Equal Opportunity Employer*

### PERSONNEL DATA

Date of application:	Social Security number:		
Name Last:	First:	Middle Initial:	
Current address	Street/Box; City:	State:	Apt#: Zip Code:
Other address where you may be reached:			
Work phone:	Home phone:		
Other name that may appear on records <i>(Used only for reference checks)</i>			

### POSITION DATA

List the position(s) you are applying for :

Credentials included with application:

- Resume
- All teaching and professional certificates or licenses
- All transcripts showing degrees

Date you can begin work:

Have you been employed by TRINITY ISD in the past?    Yes    No

If you answered yes, provide dates of employment:

Your current salary?                      Minimum salary you would accept for this position?

<b>EDUCATION/TRAINING</b>			
Name and location of schools attended (including high school)	Course of study and major/minor	Diploma, degree, certificate, or license held	Year Graduated

<b>CERTIFICATION</b>	
Certificate or license currently held:	
<input type="checkbox"/> None	<input type="checkbox"/> Texas Emergency
<input type="checkbox"/> Valid Texas	<input type="checkbox"/> Texas One-Year: Expires _____
<input type="checkbox"/> Valid Other State	<input type="checkbox"/> Texas Temporary Administrative: Expires _____
Areas of Specialization:	
<input type="checkbox"/> Administrator	<input type="checkbox"/> All-Level Music
<input type="checkbox"/> Superintendent	<input type="checkbox"/> Librarian
<input type="checkbox"/> Principal	<input type="checkbox"/> Counselor
<input type="checkbox"/> Midmanagement Administrator	<input type="checkbox"/> Special Education (specify) _____
<input type="checkbox"/> Elementary	<input type="checkbox"/> Vocational (specify) _____
<input type="checkbox"/> Elementary and Kindergarten	<input type="checkbox"/> Nurse
<input type="checkbox"/> Secondary (Jr/Sr High)	<input type="checkbox"/> Visiting Teacher
<input type="checkbox"/> All-Level Art	<input type="checkbox"/> Supervisor
<input type="checkbox"/> All-Level Health and PE	<input type="checkbox"/> Other (specify) _____

<b>TEACHING EXPERIENCE</b>			
List teaching experience beginning with most recent years.			
Name and Location of school	Type of Assignment	Dates Taught	Reason for Leaving
		To	
		To	
		To	
		To	

<b>OTHER WORK EXPERIENCE</b>			
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 resume if available.			
School District/Firm name	Position/Title	Dates Employed	Reason for Leaving
		To	
		To	
		To	
		To	

**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 know anyone currently working for Trinity Independent School District?

Yes      No

If yes, please provide the relative's name and relationship:

Have you had any contract recommended for non-renewal or termination?

Yes      No

If you answered yes, please give the dates involved, school district, and explanation:

Has any school district bought out your employment contract?

Yes      No

If you answered yes, give the dates involved, school district, and amount of the buyout and explanation for the buyout:

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

Yes      No

If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

(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.)

**REFERENCES**

Please list references the district can contact regarding your work history. Please 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	Phone Number

**PERSONAL STATEMENT**

Please provide a statement concerning your reasons for desiring a position with the TRINITY ISD.

**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 all references including those 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. Furthermore, I authorize and release any persons contacted.

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 a period 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.

**CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**

CONFIDENTIAL\*

The Trinity Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code 22.083). The information requested below is necessary to obtain criminal history record information.

Name	Last:	First:	Middle:	
Social Security number:			Date of Birth:	
Driver's License number:			State:	
Sex:	Male	Female	Ethnicity:	
			Black	White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information. **Before** clicking on the Electronic Signature please type in the last five digits of your Social Security number into the adjacent field. **After** you have completed this, click on the Signature area and follow the directions to Digitally Sign this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last Five Digits

\_\_\_\_\_  
Date

\* This form will be removed from the application and filed separately in the personnel office and will not be considered by the hiring official.

# 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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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

\_\_\_\_\_  
Agency Representative Name

\_\_\_\_\_  
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