

Lazbuddie Independent School District

Phone (806)965-2156 Fax (806)965-2892

PO Box 9

Lazbuddie TX, 79053

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.

An Equal Opportunity Employer

Personal Data	Date of Application _____ Social Security Number _____ (to be used to verify Certification) Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial </div> Current Address _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> Street/Box City State Zip </div> Other Address where you may be reached _____ Work Phone No. _____ Home Phone No. _____ Name used on records if different from present name _____ (to be used for reference checks)																												
Position Data	Position for which you are applying _____ Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates (front and back, if appropriate) <input type="checkbox"/> All transcripts showing degrees Date Available _____ Former Lazbuddie ISD Employee: yes _____ no _____ If yes, give dates of employment _____																												
Education/Training	Schools Attended: List all applicable information. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Name of School and Location</th> <th style="width: 25%;">Course of Study Major/Minor Fields</th> <th style="width: 25%;">Diploma, Degree, or Certificate</th> <th style="width: 25%;">Year Graduated (College Only)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated (College Only)																								
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Professional Data	<p>Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion</p> <ul style="list-style-type: none"> • Publications/articles _____ _____ • Seminars/workshops conducted _____ _____ • Other related professional activities _____ _____ 																									
General Information	<ul style="list-style-type: none"> • Do you have a relative who is a member of the Lazbuddie ISD Board of Education Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give the name of relative and relationship _____ _____ _____ • Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state where, when, and the nature of the offense: _____ _____ _____ _____ <p style="font-size: small; margin-top: 10px;">(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.)</p>																									
References	<p>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 performance.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Full Name of Reference</th> <th style="width: 20%;">School District/ Firm Name</th> <th style="width: 20%;">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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Certification

- Type of certificate held now
 - None
 - Valid Texas
 - Valid Other State _____
 - Emergency (Texas)
 - Texas one-year certificate: Expiration Date ____/____/____
 - Texas temporary administrative: Expiration Date ____/____
- Areas of specialization

<input type="checkbox"/> Administrator	<input type="checkbox"/> All level art	<input type="checkbox"/> Vocational (specify): _____
<input type="checkbox"/> Superintendent	<input type="checkbox"/> All level health and PE	
<input type="checkbox"/> Principal	<input type="checkbox"/> All level music	<input type="checkbox"/> Nurse _____
<input type="checkbox"/> Midmanagement administrator	<input type="checkbox"/> Librarian	<input type="checkbox"/> Visiting teacher
<input type="checkbox"/> Elementary	<input type="checkbox"/> Counselor	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Elementary & Kindergarten	<input type="checkbox"/> Special Education (specify): _____	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Secondary (Junior & Senior High) _____		

Teaching Experience

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	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

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 falsification, 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 pages 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 §21.917 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 2 years. 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

Confidential*

The Lazbuddie Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

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.

Signature

Date

* This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification

(DISTRICT COPY)

(This copy must remain on file by your agency. Required for future DPS Audits)

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 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.

Signature of Applicant or Employee

Date

Lazbuddie ISD
Agency Name (Please print)

Terri Loudder
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