

# LEON INDEPENDENT SCHOOL DISTRICT

## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

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

AN EQUAL OPPORTUNITY EMPLOYER

<b>PERSONAL DATA</b>	Date of Application _____ Social Security Number _____			
	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>			
	Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street/Box</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>			
	Work Phone No. _____ Home Phone No. _____			
	Name used on records if different from present name _____			
<b>POSITION DATA</b>	Position for which you applying _____			
	Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates <input type="checkbox"/> All transcripts showing degrees			
	Date Available for Work _____ Are you a former Leon ISD employee? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give dates of employment: _____			
<b>EDUCATION / TRAINING</b>	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated (college only)

Use a separate page and attach if additional space is needed.

Applicant Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

<b>CERTIFICATION</b>	<p>*Type of certificate held now</p> <p> <input type="checkbox"/> None  <input type="checkbox"/> Valid Texas  <input type="checkbox"/> Valid other state _____  <input type="checkbox"/> Emergency (Texas)  <input type="checkbox"/> Texas one-year certificate: Expiration date _____  <input type="checkbox"/> Texas Temporary Administrator: Expiration date _____  <input type="checkbox"/> Currently working on certification in _____ Expected date to receive certification _____                 </p> <p>*Area of specialization</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Administrator</td> <td style="width: 33%; border: none;"><input type="checkbox"/> All Level Art</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Vocational (specify) _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Superintendent</td> <td style="border: none;"><input type="checkbox"/> All Level Health/PE</td> <td style="border: none;"><input type="checkbox"/> Nurse</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Principal</td> <td style="border: none;"><input type="checkbox"/> All Level Music</td> <td style="border: none;"><input type="checkbox"/> Visiting Teacher</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Midmanagement Administrator</td> <td style="border: none;"><input type="checkbox"/> Librarian</td> <td style="border: none;"><input type="checkbox"/> Supervisor</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elementary</td> <td style="border: none;"><input type="checkbox"/> Counselor</td> <td style="border: none;"><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elementary and Kindergarten</td> <td style="border: none;"><input type="checkbox"/> Special Education (specify) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Secondary (jr. and sr. high)</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>				<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/PE	<input type="checkbox"/> Nurse	<input type="checkbox"/> Principal	<input type="checkbox"/> All Level Music	<input type="checkbox"/> Visiting Teacher	<input type="checkbox"/> Midmanagement Administrator	<input type="checkbox"/> Librarian	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Elementary	<input type="checkbox"/> Counselor	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Elementary and Kindergarten	<input type="checkbox"/> Special Education (specify) _____		<input type="checkbox"/> Secondary (jr. and sr. high)		
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<b>OTHER WORK EXPERIENCE</b>	<p>Please provide a complete listing of all the jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">School District/Company Name</th> <th style="width: 25%;">Position/Title</th> <th style="width: 20%;">Dates Employed</th> <th style="width: 20%;">Reason for Leaving</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> </tbody> </table>				School District/Company Name	Position/Title	Dates Employed	Reason for Leaving																	
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Attach a separate page if additional space is needed

Applicant Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

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 Leon ISD School Board? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please give the name of relative and the 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 \_\_\_\_\_ 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 performance.

Full Name of Reference	School District or Company Name	Mailing Address	Position/Title	Phone Number

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, misrepresentation, 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 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 one year. 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

Return application to:  
Leon Independent School District  
12168 HWY 79  
JEWETT, TX 75846

# 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.

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 (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, L1Enrollment 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

<b>Please: Check and Initial each Applicable Space</b>	
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
<b>Retain in your files</b>	