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Committed to Student Excellence  
HUMAN RESOURCES DEPARTMENT

**Dear Applicant:**

**We welcome your request regarding an application for a position with the Zapata County Independent School District. We believe that we have one of the finest school systems in the state, and look forward to considering you for a position in our school district. Careful adherence to the accompanying employment procedures will ensure that your application is given prompt attention.**

**Please keep our office informed at all times where you may be reached. Since we are continually seeking exceptionally qualified professionals, we sincerely appreciate your interest in the Zapata County Independent School District.**

**Professional Application Procedures**

- 1. Complete the application and return it to the Personnel Office or mail it to:  
Zapata County Independent School District  
Attention: Human Resources Department  
c/o Mary Orengo  
P. O. Box 158  
Zapata, Texas 78076-0158**

**Or E-mail to:  
[morengo@zcisd.org](mailto:morengo@zcisd.org)**

- 2. To your application please attach the following:
  - a. Copy of valid teacher certificate**
  - b. Copy of college/university transcript(s)**
  - c. Resume****
- 3. Distribute “Letter of Recommendations” which are to be mailed back to the Personnel Office.**
- 4. When a vacancy occurs, your application will be reviewed by the Campus Principal where the vacancy exists. The Human Resources Department will contact you if you are selected for an interview.**

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ZAPATA COUNTY INDEPENDENT SCHOOL DISTRICT  
P.O. Box 158 1302 Glenn St. Zapata, Texas 78076 | 956.765.6546 | F 956.765.5940 | [morengo@zcisd.org](mailto:morengo@zcisd.org)  
[www.zcisd.org](http://www.zcisd.org)

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



Committed to Student Excellence

ZAPATA COUNTY INDEPENDENT SCHOOL DISTRICT

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## Employment Application for Professional Personnel

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*An Equal Opportunity Employer*

<b>Personal Data</b>	Date of Application _____ Social Security No. _____			
	Name _____			
	Current Address _____			
	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) Email address: _____			
<b>Position Data</b>	Position for which you are applying _____			
	Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificate (front and back, if appropriate) <input type="checkbox"/> All transcripts showing degrees			
	Date Available _____			
	Former Zapata County ISD Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates of employment: _____			
<b>Education /Training</b>	<b>Schools Attended: List all applicable information.</b>			
	<b>Name of School And Location</b>	<b>Course of Study Major/Minor Fields</b>	<b>Diploma, Degree Or Certificate</b>	<b>Year Graduated (College Only)</b>

**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"/> Nurse _____                 |
| <input type="checkbox"/> Principal                          | <input type="checkbox"/> All level music                    | <input type="checkbox"/> Supervisor                  |
| <input type="checkbox"/> Mid-Management administrator       | <input type="checkbox"/> Librarian                          | <input type="checkbox"/> Other (specify): _____      |
| <input type="checkbox"/> Elementary and kindergarten        | <input type="checkbox"/> Special Education (specify): _____ | <input type="checkbox"/> _____                       |
| <input type="checkbox"/> Secondary (junior and senior high) | <input type="checkbox"/> _____                              | <input type="checkbox"/> _____                       |

**Teaching Experience**

List teaching experience beginning with the most recent years.

Name of School And Location	Type of Assignment	Dates Taught	Reason for Leaving

Total creditable years \_\_\_\_\_ (Full-time teaching in college, public school, or in an accredited private school creditable.)

**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 falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties from all 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 one (1) 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

**Pre-Employment Affidavit for Applicant**

For purposes of this affidavit:

**Adjudication** and **conviction** refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: \_\_\_\_\_.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: \_\_\_\_\_.

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**Declaration of Applicant**

*The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.*

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Street, City, State, Zip Code) \_\_\_\_\_  
County

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
County State Date Month Year

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*(Signature of Declarant)*

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.\**

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\*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history records information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(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:</b>		
<b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Empl _____	Vol/Contractor _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		





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## ADDENDUM TO APPLICATION

Dear Applicant:

Pursuant to HB 1498 adopted by the 71<sup>st</sup> Session of the Texas Legislature, (Regular Session, 1989) which amended the Texas Education Code Section 21.917, school districts are required to obtain a criminal history record on all applicants for employment and shall contact the Texas Department of Public Safety to provide the information.

I hereby authorize the Zapata County Independent School District to conduct investigation inquires into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine my acceptability for employment.

I understand that if I am employed by the Zapata County Independent School District, I may be discharged form my position of the District obtains information of my conviction for felony, or any offense involving moral turpitude, that I did not disclose to the District.

### **COMPLETE THE INFORMATION BELOW AND RETURN WITH APPLICATION**

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

Date of Birth: \_\_\_\_\_

Texas Driver's License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex:         Male  
               Female

Race:        White  
               Black  
               Other: \_\_\_\_\_

This information will be used only for the purpose of obtaining state required Criminal History Records. The information will be used solely for employment and will not become part of the applicants file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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TO:

\_\_\_\_\_  
Recommending Reference Date

\_\_\_\_\_  
Address

FROM:

\_\_\_\_\_  
Applicant Address

I have applied for the following position with the *Zapata County Independent School District*:

\_\_\_\_\_. The Zapata County Independent School District Personnel Office  
(Grade or Area, Be Specific)

and I would greatly appreciate your stating below:

1. What do you believe to be my potential for success in this service?  
Poor Good Excellent Superior

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

2. What do you consider to be my outstanding strengths for the job?

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

3. What do you consider to be my weaknesses or limitations for the job?

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

4. Do you have any knowledge which, if known to my prospective employer would cause him/her to question my employment or my future success?

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

5. What professional experience have we shared which would enable you to make, with reasonable validity, the statement above?

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

Signature of Reference \_\_\_\_\_

\*The applicant should provide each person from whom he/she is requesting a reference with a stamped envelope addressed to: ZAPATA COUNTY INDEPENDENT SCHOOL DISTRICT, P. O. Box 158, Zapata, Texas 78076-0158.