



Hartley Independent School District

P.O. Box 408

Hartley Texas 79044

Phone (806) 365-4458 Fax (806) 365-4459



Employment Application for Professionals

We consider applicants for all positions without regards 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 No.: — — Last Name: First Name: Middle Initial: Current Address (street/box, city, state, and zip): Other address where you may be reached: Work Phone: Other name that may appear on records (used only for reference checks).			
	Position Data	List the positions you are applying for: Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Date you can begin work: Have you been employed by Hartley ISD in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment:		
Education / Training		Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held

Employment Application for Professional Personnel

Certification

Certificate or License Currently Held:

- None
- Valid Texas
- Valid Other State
- Texas Emergency
- Texas One Year: Expires
- Texas Temporary Administrative: Expires:

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 & PE | |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All-Level Music | |
| <input type="checkbox"/> Mid-management Administrator | <input type="checkbox"/> Librarian | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Elementary & Kindergarten | <input type="checkbox"/> Special Education (specify) | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Secondary (Jr./Sr. High) | | <input type="checkbox"/> Other (specify) |

Teaching Experience

List Teaching Experience beginning with most recent years.

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

Other Work Experience

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

Employment Application for Professional Personnel

Professional Data	<p>Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.</p> <p>Papers/articles published:</p> <p>Seminars/workshops conducted:</p> <p>Other related professional activities:</p>				
General Information	<p>Do you have a relative who serves on the Hartley ISD Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship:</p> <p>Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide state where, when, and the nature of the offense:</p> <p><i>(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.)</i></p>				
References	Full Name of reference	School/district/firm name	Mailing address	Position/Title	Area code and phone number

Employment Application for Professional Personnel

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 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.

I understand that 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 _____ months. If you have not received response during this time period, you may reapply or reactivate your application.



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Criminal History Record Information

Consent & Release Form

I, _____, am an applicant for employment with _____ and have been advised that as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

 Last Name First Name Middle Name

 Maiden and/or Other Last Names Used

 City County State

 Date of Birth** Social Security Number** Home Phone Number ()

** To Be Used Only For Criminal History Searches, And Not A Part Of The Personnel File

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer.

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (excluding minor traffic violations) If YES, please provide an explanation below: YES NO

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? If YES, please provide an explanation below: YES NO

3. Have you ever received probation or community supervision for any federal, state or criminal offense? If YES, please provide an explanation below: YES NO

(over)

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
 If YES, please provide an explanation below: YES NO

5. As of the date of this authorization, do you have any pending criminal charges against you? If YES, please provide an explanation below: YES NO

The following information is also REQUIRED in order to be considered for employment:

This section is to be used to list all counties and states of residence since age 18 or high school graduation. It is mandatory that you complete each field in its entirety, including the county, or we will be unable to process. You must be **SPECIFIC** about dates of residence. If more space is needed, please attach an additional sheet. **The county must be listed.**

City/Town	County	State	Dates	
			From	To

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Signed this _____ day of _____, 20 _____.

Applicant (Print Name) _____

Applicant Signature _____