



Texline ISD
PO Box 60
Texline, Texas 79087
(806) 362-4667
Terrell Jones, Superintendent

Professional Application

Texline ISD is an equal opportunity employer. We consider applicants for all positions without regard to race, creed, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related, or any other legally protected status.

Personal Information

Date of Application:

Social Security Number: - -

Name:

Alternate Name (if applicable):

Address:

Email Address:

Phone Number:

Position Information

List the position(s) for which you are applying:

Credentials attached to this application:

Resume

Teaching/Professional Certification

Transcript/Diploma (showing degree earned)

Teaching Service Record

Certification

Certificate or licenses currently held:

None

Valid Texas

Valid other state

Temporary Texas

Category/Level(s) of certification:
 Expiration Date:
 Areas of Specialization/Endorsements/Supplemental Certificates:

Former Texline ISD Employee
 Yes
 No
 If yes, dates of employment:

Education/Training			
Name and location of school attended	Course of study and major/minor	Diploma, degree, or certificate earned	Year graduated

Teaching Experience
List experience beginning with most recent years

Name and location of employing school	Assignment	Employment Dates	Reason for Leaving

Total Credible Years of Teaching Service:

Other Relevant Work Experience			
<i>List experience beginning with most recent years</i>			
Employer's Name and Phone Number	Position	Employment Dates	Reason for Leaving

<p>General Information</p> <p>Do you have a relative that is a member of the Texline ISD Board of Trustees?</p> <p>Yes</p> <p>No</p> <p>If yes, give name and relationship to board member:</p>
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<p>Criminal History</p> <p><i>The district is required by section 21.917 of the Texas Education Code to obtain criminal history information on all applicants for employment.</i></p> <p>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)?</p> <p>Yes</p> <p>No</p> <p>If yes, please state when, where, and the nature of the offense:</p>
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<p>References</p> <p><i>Please include a minimum of two references the district may contact.</i></p> <table border="1"> <thead> <tr> <th>Full Name of Reference</th> <th>Relationship</th> <th>Mailing Address</th> <th>Phone Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Full Name of Reference	Relationship	Mailing Address	Phone Number				
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Confirmation of Valid Information

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 above to give you any and all information concerning my previous employment and any pertinent information they 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 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 365 days whether or not applications are being accepted at that time.

Signature of Applicant

Date

Criminal History Record Information Consent and Release Form

I, _____, am an applicant for employment with **TEXLINE ISD** 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.

Name:	
Maiden and/or other last names used:	
Address:	
County of Residence:	
<i>Below information to be used only for criminal history searches and NOT part of the personnel file.</i>	
Date of Birth: / /	Social Security Number: - -
Sex:	Race:

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? If YES, please explain below:

Yes

No

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? If YES, please explain below:

Yes

No

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? If YES, please explain below:

- Yes
- No

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If YES, please explain below:

- Yes
- No

5. As of the date of this authorization, do you have any pending criminal charges against you? If YES, please explain below:

- Yes
- No

Current and Previous Residencies

*Please list all counties and states of residence since the age of 18 or high school graduation. It is **mandatory** that you complete each field in its entirety, including the county to ensure quick processing of your application. Please **be specific** about dates of residence. If more space is needed, please attach an additional sheet.*

Address	City, State	County	Beginning and Ending Dates

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 _____