MAY ISD APPLICATION FOR SUBSTITUTE TEACHER

An Equal Opportunity Employer*

Reset Form

Date of application _____

Personal Data

Name _____
Last *First* *Middle initial*

Mailing address _____
Street/Box *City* *State* *ZIP Code*

E-mail address _____

Home phone _____ Cell phone _____ Other phone _____

Other name that may appear on records _____

(Used for certification, reference, and criminal history record checks)

Are you receiving Teacher Retirement System (TRS) retirement benefits? ❑ Yes ❑ No

Are you employed as a part-time employee by a TRS-covered employer? ❑ Yes ❑ No

(Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)

Assignment

Please list the days you are available to substitute and your assignment preferences.

Day(s) of week ❑ Every day

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

Assignment ❑ Any assignment

❑ Elementary ❑ Intermediate ❑ Secondary ❑ Special Education

Preferred campuses: _____ _____

_____ _____

Position Data

Credentials included with application:

- ❑ Résumé
- ❑ All teaching and professional certificates or licenses
- ❑ All transcripts showing degrees

Have you been employed by May ISD in the past? ❑ Yes ❑ No

If you answered yes, provide dates of employment_____

Education/Training

List the highest level of education attained: _____

Licenses and certificates granted _____

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated *(College only)*

Certification

Certificates or Licenses Currently Held:

- ❑ None
- ❑ Valid Texas
- ❑ Valid Other State_____
- ❑ Texas One-Year (out-of-state/country): Expiration date: _____
- ❑ Other: _____

Category/Level(s) of Certification: _____ _____

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

_____ _____

_____ _____

_____ _____

Teaching Experience

List teaching experience beginning with most recent years. Attach additional sheets if necessary.

Name and location of school		Name and location of school	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	
Name and location of school		Name and location of school	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	

Other Work Experience

Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.

Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	
Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	

References

List references the district can contact regarding your work history.

Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

General Information

Have you ever been convicted of, pled guilty or no contest (nolo contendre) to, or received probation, suspension, or deferred adjudication for a felony or any 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_____

_____

_____

_____

(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.)

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 sub sequent 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 the district is required by Texas Education Code to review criminal history record information of substitute teachers.

I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.

_____ _____

Signature Date

This application becomes the property of the district. The district reserves the right to accept or reject it. The district Title IX Coordinator is Chad Dail, May ISD Superintendent.

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

MAY INDEPENDENT SCHOOL DISTRICT
3400 CR 411 E, MAY, TEXAS 76857
254-259-2091

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL*

THE MAY INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON APPLICANTS THE DISTRICT INTENDS TO EMPLOY EITHER ON A FULL-TIME, PART-TIME, OR SUBSTITUTE BASIS, (ACCORDING TO Texas Education Code §22.083 and Senate Bill 9). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY AND FINGER PRINTING RECORD INFORMATION.

PLEASE PRINT.

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH_____

SEX _____MALE _____FEMALE ETHNICITY: _____BLACK _____WHITE/OTHER

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING ABOUT AGE, SEX, ETHNICITY WILL NOT BE USED TO DETERMINE ELIGIBILTY FOR EMPLOYMENT BUT WILL BE USED SOLELY FOR THE PURPOSE OF OBTAINING THE ABOVE NECESSARY INFORMATION.

I UNDERSTAND THAT IS MY RESPONSIBILITY TO PAY FOR ALL FEES THAT ARE REQUIRED TO OBTAIN THIS INFORMATION.

_____
SIGNATURE

_____
DATE

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
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.

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 $47.99 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

May ISD
Agency Name (Please print)

Michelle Owings, CFO
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

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