$An\ Equal\ Opportunity\ Employer*$

Date	Date of application					
ë	Name					
Data	Mailing address	reet/Box City	State Z	ZIP Code		
nal	E-mail address					
Personal	Home phone	Cell phone	Other phone	Other phone		
P(Other name that may appear on records					
	(Used for certification, reference, and criminal history record checks)					
	List the position(s) for which you are applying					
	-	List the position(s) for which you are applying Credentials included with application:				
а	Credentials included with application:					
Position Data	□ Résumé					
ion	☐ All teaching and professional certificates or licenses					
osit	☐ All transcripts showing degrees					
P	Date you can begin work					
	Have you been employed by May ISD in the past? ☐ Yes ☐ No If you answered yes,					
	provide dates of employment					
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated (College only)		
aining						
Education/Tra						
Educa						

MAY ISD APPLICATION FOR PROFESSIONAL PERSONNEL

Certification/Licensure	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)				
	List teaching experience beginning with most recent years.				
	Name and location of school		Name and location of school		
	Type of assignment		Type of assignment		
	Dates taught		Dates taught		
Experience	Principal's name and phone				
g Exp	Reason for leaving		Reason for leaving		
Teaching	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		

MAY ISD APPLICATION FOR PROFESSIONAL PERSONNEL

	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 résumé if available.						
	Employer name and location		Employer name and location				
	Position/title held			Position/title	e held		
e e	Dates employed			Dates emplo	oyed		
Other Work Experience	Supervisor's name and phone			Supervisor's and phone	s name		
ork Exp	Reason for leaving	or leaving		Reason for leaving			
ner Wo	Employer name and location	e and		Employer name and location			
ŏ	Position/title held			Position/title held			
	Dates employed			Dates emplo	oyed		
	Supervisor's name and phone			Supervisor's and phone	s name		
	Reason for leaving			Reason for leaving			
	Please list references the district can contact regarding your work history.						
	Full name of reference			Mailing ddress Position		on/title	Area code/ phone number
References							
Refer							

MAY ISD APPLICATION FOR PROFESSIONAL PERSONNEL

	Do you have a relative who serves on the Board of Education or is an employee of May ISD?				
	☐ Yes ☐ No If yes, please provide the relative's name and relationship:				
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				
Gene	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.)				
	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.				
Verification	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, per sonal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.				
Verif	I understand that the district is required by Texas Education Code to review criminal history of applicants.				
	Signature Date				
This application becomes the property of the district. The district reserves the 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.

	FIRST		MIDDLE		
SOCIAL SECURITY NUMBER		DATE OF BIRTH			
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.					
	ERFEMALE E INFORMATIO MINE ELIGIBILT NING THE ABOV MY RESPONSIB ION.	FEMALE ETHNICITY: E INFORMATION I AM PROVIDING MINE ELIGIBILTY FOR EMPLOYME NING THE ABOVE NECESSARY INF	FIRST ER DATE OF BIF FEMALE ETHNICITY:BLACK E INFORMATION I AM PROVIDING ABOUT AGE, S MINE ELIGIBILTY FOR EMPLOYMENT BUT WILL BE NING THE ABOVE NECESSARY INFORMATION. MY RESPONSIBILITY TO PAY FOR ALL FEES THAT A ION.		

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 in	nformation 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 <u>any</u> 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	Please: Check and Initial each Applicable Space
Date	CCH Report Printed:
	YES NO D initial
Agency Name (Please print)	Purpose of CCH:
Agency Representative Name (Please print)	Hire Not Hired initial
	Date Printed: initial
Signature of Agency Representative	Destroyed Date: initial
Date	Retain in your files