

RICHARDS INDEPENDENT SCHOOL DISTRICT

9477 Panther Dr. • P. O. Box 308 • Richards, Texas 77873-0308

Telephone (936)851-2364 • Fax (936)851-2210

*An Equal Opportunity Employer**

Date of application _____	
P e r s o n a l D a t a	Name _____ <i>Last First Middle initial</i> Current address _____ <i>Street/Box City State ZIP Code</i> Other address where you may be reached _____ Home phone _____ Cell phone _____ Other phone _____ Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>
P o s i t i o n D a t a	List the position(s) for which you are applying _____ Credentials included with application: ☐ Résumé ☐ All teaching and professional certificates or licenses ☐ All transcripts showing degrees Date you can begin work _____ Have you been employed by Richards ISD in the past? ☐ Yes ☐ No If you answered yes, provide dates of employment _____

E d u c a t i o n / T r a i n i n g	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>
C e r t i f i c a t i o n / L i c e n s u r e	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): _____ _____ _____			

T e a c h i n g E x p e r i e n c e	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	
	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	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 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	Please 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

G e n e r a l I n f o r m a t i o n	Do you have a relative who serves on the Board of Education or is an employee of Richards ISD? ☐ Yes ☐ No If yes, please provide the relative's name and relationship: _____ _____ Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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.)
V e r i f i c a t i o n	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 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 right to accept or reject it.

**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.*

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- Confidential -

The Richards Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name

Last

First

Middle

Social Security Number _____

Date of birth

Driver's License

State and Number

Mailing Address

Street

City

State

Zip

Sex: ☐ Male ☐ Female

Ethnicity:

☐ Black ☐ White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I _____ acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

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 record 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 /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) 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

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____
_____ initial	
Purpose of CCH:	

Empl _____	Vol/Contractor _____
_____ initial	
Date Printed: _____	
_____ initial	
Destroyed Date: _____	
_____ initial	
Retain in your files	