

BOOKER INDEPENDENT SCHOOL DISTRICT

PROFESSIONAL APPLICATION

Main and Mitchell Road
 P. O. Box 288 Booker, TX 79005
 Ph: (806) 658-4501

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.
An Equal Opportunity Employer

Date _____ Social Security Number _____

Name _____
Last First Middle Initial

Current Address _____
Physical Address City State ZIP Code

Current Mailing _____
Postall Address City State ZIP Code

Home Phone _____ Cell Phone _____

Work phone _____ E-mail _____

Other name(s) that may appear on records _____
(Used only for reference checks)

List the position(s) you are applying for _____

Date you can begin work _____

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

If you answered yes, provide dates of employment _____

Name and Location of College Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Held	Year Graduated College only

Office Use Only

Date Received: _____ Interviewed by: _____ Submitted to Board on: _____ Board Approval: YES / NO
 CC: _____

Certificate or License currently held:

- None
- Valid Texas
- Valid Other State (specify) _____
- Texas Emergency
- Texas One-Year: Expires _____
- Texas Temporary Administrative: Expires _____

Areas of Specialization:

- Administrator
- Elementary
- Secondary (JH/HS) Subject Area(s): _____
- Counselor
- Vocational (specify) _____
- Special Education (specify) _____
- Other (specify) _____

List teaching experience beginning with most recent.

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

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

Do you have a relative who serves on the Booker ISD Board of Education?

Yes No If yes, please provide the relative ' s name and relationship:

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or 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; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

(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.)

Please list references the District can contact regarding your work history.
Please include all managers and supervisors who evaluated or supervised your
Performance at your last two employers.

Full Name of Reference	Title	District or Firm Name	Mailing Address	Phone Number

Statement Concerning Employment

Please provide and attach a statement concerning reasons for desiring a position with Booker Independent School District.

Information Check List

Please include the following information in addition to this application.
If a requested item is unavailable please state reason.

- College Transcripts _____
- Resume with References _____
- Teacher Certification (if available) _____
- Criminal History (please find below) _____
- Statement concerning reasons for desiring employment

Statement of Affirmation

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 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 a period not to exceed one year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Please return to the Administration Office at the address listed above for consideration.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal 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 identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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

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: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last) _____
Date of Birth

Address (Street, City, State, Zip Code) _____
County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.