

Glasscock County Independent School District

Application for Employment

"An Equal Opportunity Employer"

P.O. Box 9
Garden City, Texas 79739
Phone: 432.354.2230
Fax: 432.354.2503

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

FOR SCHOOL USE ONLY

Date Received

Date Reviewed

Actual Interview Date(s)

PERSONAL DATA

Full Name: _____
Last First M.I. Social Security Number

Present Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: () Work Phone: () E-Mail Address: _____

Permanent Address: _____
Street Address Apartment/Unit #

City State Zip Code

Have you been rehired to your present position? Yes No

If "No", explain: ☐ ☐

Have you ever been asked to resign or failed to be re-elected to a teaching position? Yes No

If so, where? When? Why? ☐ ☐

Have you previously applied with Glasscock County I.S.D.? Yes No
☐ ☐ Years _____

Have you ever been employed by Glasscock County I.S.D.? Yes No
☐ ☐ Years _____

Are you a retiree of TRS? Yes No
☐ ☐

POSITION DATA

Position Applied for: _____

First Choice

Second Choice

Third Choice

Credentials included with application: ☐ Resume ☐ All transcripts showing degrees

☐ All teaching and professional certificates (front & back)

Date available for employment: _____

EDUCATIONAL AND PROFESSIONAL PREPARATION

College/ University	Location	Dates Attended	Date of Graduation	Degree or Diploma	Subject Major	Subject Minor

What grade point average do you have in your teaching major? _____ Over-all GPA? _____

Highest Degree received: _____ Major: _____ Minor: _____

MISCELLANEOUS DATA

Why do you wish to leave your present employment?

Why would you like to be employed at Glasscock County I.S.D.?

What have you done recently to further yourself professionally?

Are you currently a member of any professional or honorary organizations? If so, please list:

Are you proficient in any languages other than English? If so, please list:

CERTIFICATION			
Name of Professional Certificates you hold	State	Date of Expiration	Subjects and/or grades covered by certification

If you do not have a teaching certificate, when do you expect to receive it? _____

Name of Employer (Most recent experience first)	Dates of Employment	Subjects and/or Grades Taught	Number of Years	Immediate Supervisor Name & Phone Number
Total Years Professional Experience: _____				

May we contact your current employer? ☐ Yes ☐ No

Please list at least one administrator (Superintendent, Principal, Supervisor) for each teaching position.

[illegible]

OTHER INFORMATION

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?

YES

NO

☐☐

If yes, please state where, when, and the nature of the offense; specify 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.)

Are any criminal charges or proceedings pending against you?

YES

NO

☐☐

If yes, please explain: _____

Do you have a relative who is a member of the Glasscock County I.S.D. Board of Trustees?

YES

NO

☐☐

If yes, please give the name of relative and relationship: _____

Please list an alternative contact if we are unable to reach you.

Name:

Address:

Telephone:

By signing below, I affirm that the information presented in this application to the best of my knowledge is true, accurate and complete. I authorize Glasscock County Independent School District to contact any and all references concerning my previous employment and to obtain any criminal history records relevant to this application.

Signature of Applicant

Date

Driver's License Number

State

GLASSCOCK COUNTY INDEPENDENT SCHOOL DISTRICT

CRIMINAL HISTORY RECORD INFORMATION

CONFIDENTIAL

The Texas Education Code Section 22.083 authorizes the District to obtain criminal history information on an employee of, or applicant for employment by, a person that contracts with the District to provide services if: the employee or applicant has or will have continuing duties related to the contracted services and the duties are or will be performed on school property or at another location where students are regularly present.

The information requested below is necessary to obtain criminal history record information.

Last Name: _____ First Name _____ MI: _____

Vendor Name (if applicable): _____

Social Security Number: _____ Date of Birth: _____

Drivers License (State & #): _____

Sex: () Male () Female

Ethnicity: () Black () White/Other

I hereby authorize the Glasscock County Independent School District to obtain from any law enforcement agency or criminal justice agency all criminal history record information that relates to me.

The information you are providing about age, sex, and ethnicity will not be used to determine eligibility for award of a contract or employment, but will be used solely for the purpose of obtaining criminal history record information.

Date

Signature

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

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	