Brazos ISD Application for Substitute Teacher

An Equal Opportunity Employer*

| Date of application | | | | | | | | |
|--------------------------|---|----------------------------|---------------------------------|--------------------------|--|--|--|--|
| | Name | | | | | | | |
| Personal Data | Mailing address | First | Mi | iddle initial | | | | |
| | Mailing address Sta | reet/Box City | State ZI | P Code | | | | |
| | E-mail address | | | | | | | |
| | Home phone Cell phone Other phone | | | | | | | |
| erso | | | | | | | | |
| Pe | (Used for certification, reference, and o | | S) | 🗖 N. | | | | |
| | Are you employed as a part- | • ' | , | | | | | |
| | 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.) | | | | | | | |
| | Please list the days you are | available to substitute a | and your assignment prefere | nces. | | | | |
| int Se | Day(s) of week ☐ Every of | Day(s) of week ☐ Every day | | | | | | |
| ome Jeng | ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday | | | | | | | |
| Assignment Preference | Assignment ☐ Any assignment ☐ Elementary ☐ Intermediate ☐ Secondary ☐ Special Education | | | | | | | |
| As Pr | Preferred campuses: | | | | | | | |
| | | | | | | | | |
| ıta | Credentials included with application: | | | | | | | |
| ı Data | ☐ Résumé ☐ All teaching and professional certificates or licenses | | | | | | | |
| Position | ☐ All transcripts showing degrees | | | | | | | |
| osi | Have you been employed byISD in the past? □ Yes □ No If you answered yes, provide dates of employment | | | | | | | |
| _ | If you answered yes, provide | dates of employment_ | | | | | | |
| | List the highest level of education attained: | | | | | | | |
| ing | Licenses and certificates granted | | | | | | | |
| Education/Training | Name and location of | Course of study and | Diploma, degree, | Year | | | | |
| | schools attended | major/minor | certificate, or license granted | graduated (College only) | | | | |
| cati | | | <u> </u> | | | | | |
| 'npΞ | | | | | | | | |
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Brazos ISD APPLICATION FOR SUBSTITUTE TEACHER

| 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): | | | | | | |
|---------------|--|-------------------|-----------------------------|-----------------------------|------------------|---------|--|
| | List teaching experier necessary. Name and location of school | ce beginnin | g with most | Name and location of school | additional sh | eets if | |
| | Type of assignment | | | Type of assignment | pe of assignment | | |
| | Dates taught | ıght | | Dates taught | | | |
| Experience | Principal's name and phone | ame | | Principal's name and phone | | | |
| g Exp | Reason for leaving | eason for leaving | | Reason for leaving | | | |
| Teachin | Name and location of school | | Name and location of school | | | | |
| Ť | 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 | | | |



Brazos ISD APPLICATION FOR SUBSTITUTE TEACHER

| | 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. | | | | | | |
|-----------------------|---|-------------------------------|--|------------------------|----------------|--|----------------------------|
| Other Work Experience | Employer name and location | | | Employer na location | ame and | | |
| | Position/title held | | | Position/title | e held | | |
| | Dates employed | | | Dates emplo | oyed | | |
| | Supervisor's name and phone | | | Supervisor's and phone | s name | | |
| | Reason for leaving | | | Reason for l | eaving | | |
| | Employer name and location | | | Employer na location | ame and | | |
| Ot | Position/title held | | | Position/title held | | | |
| | Dates employed | | | Dates employed | | | |
| | Supervisor's name and phone | | | Supervisor's and phone | s name | | |
| | Reason for leaving | | | Reason for leaving | | | |
| | List references the district can contact regarding your work history. | | | | | | |
| References | Full name of reference | School district/ firm name | | Iailing ddress | Position/title | | Area code/ phone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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Brazos ISD APPLICATION FOR SUBSTITUTE TEACHER

| 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.) | | | | | | |
|---------------------|---|--|--|--|--|--|--|
| | 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, 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 | | | | | | |
| | Date 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: Brian Thompson, Superintendent, P.O. Box 819, Wallis Texas 77485, 979-478-6551.



^{*}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.

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

| I,, ackn | owledge 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 l | 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 reco | 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 perf | formed to clear any misidentification based on | | | | | |
| the result of the name and DOB search. Once this p | 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 a | n appointment with the Fingerprint Applicant | | | | | |
| Services of Texas (FAST) as instructed online at www | w.txdps.state.tx.us /Crime Records/Review of | | | | | |
| Personal Criminal History or by calling the DPS Program | n 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 agen | cy. Required for future DPS Audits) | | | | | |
| | | | | | | |
| Signature of Applicant or Employee | Please: | | | | | |
| | Check and Initial each Applicable Space | | | | | |
| Date | CCH Report Printed: | | | | | |
| Brazos Independent School District YES NO initial | | | | | | |
| Agency Name (Please print) | | | | | | |
| Brian Thompson, Superintendent | Purpose of CCH: | | | | | |
| Agency Representative Name (Please print) | Empl Vol/Contractor initial | | | | | |
| Brian Thompson | Date Printed: initial | | | | | |
| Signature of Agency Representative | Destroyed Date: initial | | | | | |
| 2017-2018 | Retain in your files | | | | | |

Date

Rev. 09/2013

BRAZOS INDEPENDENT SCHOOL DISTRICT CRIMINAL HISTORY RECORD INFORMATION REQUEST

CONFIDENTIAL*

The Brazos 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.

| Last Name | | First Name | First Name | | | Middle Initial | |
|--|--------------|------------|------------------|------------|-------|----------------|--|
| Other names on records: | · | | | | | | |
| Social Security Number | | | Date of Birth (m | m/dd/yyyy) | | | |
| Driver's License | State | Number | | | | | |
| Mailing Address: | | | | | | | |
| Street | | | City | | State | Zip | |
| Physical Address: | | | | | | | |
| Street | | | City | | State | Zip | |
| Sex: Male | _ Female | | | | | | |
| Race: Hispanic/L | atino | Black | As | sian | Other | | |
| | | | | | | | |
| I understand that the indetermine eligibility for history record information | or employmer | | • | • | | | |
| SIGNATURE_ | | | D | ATE | | | |

^{*}This form will be removed from the application and filed separately in the HR office.