

BRAZOS ISD
EMPLOYMENT APPLICATION FOR ADMINISTRATIVE POSITION

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 of application _____		Social Security number _____	
Name _____			
<i>Last</i>		<i>First</i>	<i>Middle initial</i>
Current address _____			
<i>Street/Box</i>		<i>City</i>	<i>State</i>
Other address where you may be reached _____			
Work phone _____		Home phone _____	
Other name that may appear on records _____			
<i>(Used only for reference checks)</i>			
Credentials included with application:			
<input type="checkbox"/> Resume		cell phone number _____	E-mail address _____
<input type="checkbox"/> All teaching and professional certificates or licenses			
<input type="checkbox"/> All transcripts showing degrees			
Date you can begin work _____			
Have you been employed by Wallis-Orchard ISD or Brazos ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, provide dates employment _____			

Educational Background

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated (college only)

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Certificate or License Currently Held:

- ☐ None
☐ Valid Texas
☐ Valid Other State
☐ Texas Emergency
☐ Texas One-Year: Expires _____
☐ Texas Temporary Administrative: Expires _____

Areas of Specialization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> All-Level Art | <input type="checkbox"/> Vocational (specify) _____ |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All-Level Health and PE | |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All-Level Music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Midmanagement Administrator | <input type="checkbox"/> Librarian | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary and Kindergarten | <input type="checkbox"/> Special Education (specify) _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Secondary (Jr./Sr. High) _____ | | |

List teaching experience beginning with most recent years.

Name and location of school	Type of assignment	Dates employed	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

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Please list relevant professional activities. Omit references to organizations that would reveal race age, ethnic origin, or religion.

Papers/articles published _____

Seminars/workshops conducted _____

Other related professional activities _____

Do you have relative who serves on the **Brazos ISD Board of Education**? ☐ Yes ☐ No

If yes, please provide the relative's name and relationship _____

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for 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 _____

(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. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full name of reference	School district/firm name	Mailing address	Position/title	Area code, phone number

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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 ground 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

Please submit your letter of interest, resume, transcripts, certification, 3 letters of reference, and this application to:

**Brazos ISD
P. O. Box 819
Wallis, Texas 77485
979-478-6551
Fax # 979-478-6413
www.brazosisd.net**

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 _____ Middle Initial _____

Other names on records: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Driver's License State _____ Number _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Sex: _____ Male _____ Female

Race: _____ Hispanic/Latino _____ Black _____ White _____ Asian _____ 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 _____

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

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/ReviewofPersonalCriminalHistory) 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

Brazos Independent School District
Agency Name (Please print)

Brian Thompson, Superintendent
Agency Representative Name (Please print)

Brian Thompson
Signature of Agency Representative

2017-2018

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

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.

Approved by the Texas Commissioner of Education, October 2017.