

# BRAZOS ISD

P.O. Box 819

Wallis, TX 77485

[www.brazosisd.net](http://www.brazosisd.net)

WE CONSIDER ALL 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 \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_  
Number Street City State Zip

Work Number \_\_\_\_\_ Home/Cell Number \_\_\_\_\_

Present Position \_\_\_\_\_

Position(s) applying for \_\_\_\_\_

Credentials included with application: Email:

\_\_\_\_\_ Resume

\_\_\_\_\_ All teaching and professional certificates or licenses

\_\_\_\_\_ All transcripts showing degrees

Date you can begin work \_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING

I HEREBY AFFIRM THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I 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 MY APPLICATION 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 SELECTED FOR EMPLOYMENT.

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 24 MONTHS.

**EDUCATION/TRAINING**

<b>NAME OF INSTITUTION</b>	<b>LOCATION</b>	<b>COURSE OF STUDY</b>	<b>YEAR GRADUATED</b>

**CERTIFICATION**

**Certificate or license currently held:**

- |  |  |
|--|--|
| <input type="checkbox"/> None              | <input type="checkbox"/> Texas Emergency                               |
| <input type="checkbox"/> Valid Texas       | <input type="checkbox"/> Texas One Year: Expires _____                 |
| <input type="checkbox"/> Valid Other State | <input type="checkbox"/> Texas Temporary Administrative: Expires _____ |

**Areas of Specialization:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Administrator             | <input type="checkbox"/> All Level Art                        | <input type="checkbox"/> Vocational/CTE(specify)<br>_____ |
| <input type="checkbox"/> Superintendent            | <input type="checkbox"/> All Level Health & PE                | _____   |
| <input type="checkbox"/> Principal                 | <input type="checkbox"/> All Level Music                      | <input type="checkbox"/> Nurse                            |
| <input type="checkbox"/> Midmanagement Admin       | <input type="checkbox"/> Librarian                            | <input type="checkbox"/> Visiting Teacher                 |
| <input type="checkbox"/> Elementary                | <input type="checkbox"/> Counselor                            | <input type="checkbox"/> Supervisor                       |
| <input type="checkbox"/> Early Childhood           | <input type="checkbox"/> Special Education (specify)<br>_____ | <input type="checkbox"/> Other (specify)<br>_____         |
| <input type="checkbox"/> Secondary (middle school) | _____   | _____   |
| <input type="checkbox"/> Secondary (high school)   |   |   |

**TEACHING EXPERIENCE**

List teaching experience beginning with most recent years.

<b>NAME AND LOCATION OF SCHOOL</b>	<b>ASSIGNMENT</b>	<b>DATES TAUGHT</b>	<b>REASON FOR LEAVING</b>

**OTHER WORK EXPERIENCE**

Please list other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach resume if available.

DISTRICT/FIRM NAME	POSITION/TITLE	DATES EMPLOYED	REASON FOR LEAVING

**PROFESSIONAL DATA**

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 \_\_\_\_\_

\_\_\_\_\_

**Check any of the following which you are able to direct or coach successfully:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Debate             | <input type="checkbox"/> Track        | <input type="checkbox"/> School Plays          |
| <input type="checkbox"/> Band               | <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Clubs                 |
| <input type="checkbox"/> Arts and Crafts    | <input type="checkbox"/> Football     | <input type="checkbox"/> Cheerleading          |
| <input type="checkbox"/> Basketball         | <input type="checkbox"/> Tennis       | <input type="checkbox"/> Playground Activities |
| <input type="checkbox"/> Baseball           | <input type="checkbox"/> Softball     | <input type="checkbox"/> Choir                 |
| <input type="checkbox"/> Science/Math Comp. | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Power Lifting         |

**GENERAL INFORMATION**

Do you have a 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 or pled guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or 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: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

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.

<b>REFERENCE NAME</b>	<b>ADDRESS</b>	<b>POSITION</b>	<b>PHONE NUMBER</b>

- Brazos High School                      (979) 478-6000
- Brazos Middle School                      (979) 478-6814
- Brazos Elementary School                      (979) 478-6610
- Central Administration                      (979) 478-6551

**Please email completed applications directly to the campus principal indicated on the corresponding BISD Job Posting**

“Brazos ISD does not discriminate on the basis of 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 in admission to our employment, in its education programs, or activities”

**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

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

## 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: \_\_\_\_\_.

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### 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

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*(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.\**

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

Approved by the Texas Commissioner of Education, October 2017.