

**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 \_\_\_\_\_  
*Last* *First* *Middle initial*

Current address \_\_\_\_\_  
*Street/Box* *City* *State* *Zip Code*

Other address where you may be reached \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Other name that may appear on records \_\_\_\_\_  
*(Used only for reference checks)*

Credentials included with application:

Resume cell phone number E-mail address

All teaching and professional certificates or licenses

All transcripts showing degrees

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

Have you been employed by **Wallis-Orchard ISD** or **Brazos ISD** in the past?  Yes  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 <i>(college only)</i>

**BRAZOS ISD**  
**EMPLOYMENT APPLICATION FOR ADMINISTRATIVE POSITION**

**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"/> Nurse                      |
| <input type="checkbox"/> Principal                   | <input type="checkbox"/> All-Level Music                   | <input type="checkbox"/> Visiting Teacher           |
| <input type="checkbox"/> Midmanagement Administrator | <input type="checkbox"/> Librarian                         | <input type="checkbox"/> Supervisor                 |
| <input type="checkbox"/> Elementary                  | <input type="checkbox"/> Counselor                         | <input type="checkbox"/> Other (specify) _____      |
| <input type="checkbox"/> Elementary and Kindergarten | <input type="checkbox"/> Special Education (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

**BRAZOS ISD**  
**EMPLOYMENT APPLICATION FOR ADMINISTRATIVE POSITION**

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

**BRAZOS ISD  
EMPLOYMENT APPLICATION FOR ADMINISTRATIVE POSITION**

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](http://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 ISD**  
\_\_\_\_\_  
Agency Name (Please print)

**Brian Thompson, Superintendent**  
\_\_\_\_\_  
Agency Representative Name (Please print)

*Brian Thompson*  
\_\_\_\_\_  
Signature of Agency Representative

**2019-2020**  
\_\_\_\_\_  
Date

<b>Please: 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>	