

BRAZOS ISD

SUBSTITUTE TEACHER APPLICATION

PO BOX 819 227 Educator Lane Wallis, TX 77485 979-478-6551
*An Equal Opportunity Employer**

Date of Application: _____

Personal Data	<p>Name _____ <small style="margin-left: 100px;">Last</small> <small>First</small> <small>Middle initial</small></p> <p>Mailing address _____ <small style="margin-left: 100px;">Street/Box</small> <small>City</small> <small>State</small> <small>ZIP Code</small></p> <p>Home phone _____ Cell phone _____ Other phone _____</p> <p>Email _____</p> <p>Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small></p> <p>Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>(Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)</small></p>
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Assignment Preference	<p>Please list the days you are available to substitute and your assignment preferences.</p> <p>Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education</p> <p>Preferred campuses: <input type="checkbox"/> Brazos Elementary <input type="checkbox"/> Brazos Middle School <input type="checkbox"/> Brazos High School <input type="checkbox"/> Prairie Harbor Alternative School</p>
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Position Data	<p>Credentials included with application:</p> <p><input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees</p> <p>Have you been employed by Brazos ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, provide dates of employment _____</p>
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Education/Training	List the highest level of education attained: _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>

Certification	<p>Teaching Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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References	List three references		
	Name	Address	Phone Number

General Information	<p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
Verification	<p>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 subsequent employment.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>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.</p> <p style="text-align: center;"> _____ Signature </p> <p style="text-align: center;"> _____ Date </p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**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, _____, 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

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	

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.

Substitute Hours:

Full Day: 7:30AM - 4:00PM

1/2 Day Morning: 7:30AM - 11:30AM

1/2 Day Morning: 11:30AM - 4:00PM

Substitute Pay Rates:

FULL DAY:

HS Diploma	\$60.00/day	ten or more consecutive days: \$75.00
60+ College Hours	\$70.00/day	ten or more consecutive days: \$85.00
Bachelor's Degree	\$80.00/day	ten or more consecutive days: \$100.00
Certified Teacher	\$85.00/day	ten or more consecutive days: \$105.00