

BRAZOS ISD

P.O. Box 819

Wallis, TX 77485

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

NAME OF INSTITUTION	LOCATION	COURSE OF STUDY	YEAR GRADUATED

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)
_____ |
| <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)
_____ | <input type="checkbox"/> Other (specify)
_____ |
| <input type="checkbox"/> Secondary (middle school) | _____ | _____ |
| <input type="checkbox"/> Secondary (high school) | | |

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

NAME AND LOCATION OF SCHOOL	ASSIGNMENT	DATES TAUGHT	REASON FOR LEAVING

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.

REFERENCE NAME	ADDRESS	POSITION	PHONE NUMBER

- 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 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	