An Equal Opportunity Employer*

| Dat | e of application | | | | | | | | | |
|--------------------|---|---------------------------|-------|---------------------------|-----------------------------|--|--|--|--|--|
| | Name | | | | | | | | | |
| | Last Mailing address | | First | M | iddle initial | | | | | |
| _ | | Street/Box | City | State Z | P Code | | | | | |
| Data | E-mail address | | | | | | | | | |
| nal | Home phoneCell phoneOther phone | | | | | | | | | |
| Personal | Other name that may appear on records | | | | | | | | | |
| P | (Used for certification, reference, | | | | | | | | | |
| | | - | - |) retirement benefits? | | | | | | |
| | Are you employed as a part-time employee by a TRS-covered employer? (Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.) | | | | | | | | | |
| | Please list the days you are available to substitute and your assignment preferences. | | | | | | | | | |
| ent | Day(s) of week Day(s) | • • | | ada a ada D. Thursday, D. | Tut day. | | | | | |
| nme | Assignment 🛛 Any | | | ednesday 🛛 Thursday 🗖 | Friday | | | | | |
| ssignment | Elementary Intermediate Secondary Special Education | | | | | | | | | |
| Åŝ | Preferred campuses: | | | | | | | | | |
| | Cradantials included with application: | | | | | | | | | |
| Data | Credentials included with application: | | | | | | | | | |
| | All teaching and p | licenses | | | | | | | | |
| Position | □ All transcripts showing degrees Have you been employed by <u>Brazos</u> ISD in the past? □ Yes □ No If you answered yes, | | | | | | | | | |
| Ро | provide dates of employe | | | | cu yes, | | | | | |
| | List the highest level of e | ducation attained: | : | | | | | | | |
| | Licenses and certificates granted | | | | | | | | | |
| ing | | | | Diploma, degree, | Year | | | | | |
| rain | Name and location of schools attended | Course of stu major/mi | - | certificate, or license | graduated (College only) | | | | | |
| T/nc | | | | granted | (conege only) | | | | | |
| catio | | | | | | | | | | |
| Education/Training | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |



| Certification | Certificates or Licenses Currently Held: None Valid Texas Valid Other State Texas One-Year (out-of-state/country): Expiration date: Other: Category/Level(s) of Certification: Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): | | | | | |
|---------------|--|--|-----------------------------|--|--|--|
| | List teaching experience beginning with most recent years. Attach additional sheets if necessary. | | | | | |
| g Experience | Name and location of school | | Name and location of school | | | |
| | Type of assignment | | Type of assignment | | | |
| | Dates taught | | Dates taught | | | |
| | Principal's name and phone | | Principal's name and phone | | | |
| | Reason for leaving | | Reason for leaving | | | |
| eaching | Name and location of school | | Name and location of school | | | |
| Теа | Type of assignment | | Type of assignment | | | |
| | Dates taught | | Dates taught | | | |
| | Principal's name and phone | | Principal's name and phone | | | |
| | Reason for leaving | | Reason for leaving | | | |



| | Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available. | | | | | | |
|-----------------------|---|-------------------------------|--|--------------------------------|-------------------|--|---------------------|
| | Employer name and location | e and | | | Employer name and | | |
| | Position/title held | | | Position/title held | | | |
| e | Dates employed | | | Dates employed | | | |
| Other Work Experience | Supervisor's name and phone | | | Supervisor's name and phone | | | |
| ork Exp | Reason for leaving | | | Reason for leaving | | | |
| her Wo | Employer name and location | | | Employer na location | ame and | | |
| Ot | Position/title held | | | Position/title held | | | |
| | Dates employed | | | Dates employed | | | |
| | Supervisor's name and phone | | | Supervisor's name and phone | | | |
| | Reason for leaving | | | Reason for leaving | | | |
| | List references the district can contact regarding your work history. | | | | | | |
| | Full name of reference | School district/ firm name | | /lailing ddress | Position/title | | Area code/ phone |
| References | | | | | | | |
| Refere | | | | | | | |
| | | | | | | | |
| | | | | | | | |



| General Information | Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)? Yes No | | | | |
|---------------------|---|--|--|--|--|
| e | | | | | |
| er | | | | | |
| Ğ | (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.) | | | | |
| Verification | 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 sub sequent 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 required by Texas Education Code to review criminal history record information of substitute teachers. | | | | |
| | 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. | | | | |
| | Signature Date | | | | |
| | | | | | |
| | This application becomes the property of the district. The district reserves the right to accept or reject it. | | | | |

*Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation, or gender identity), 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.



In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.

Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, Teresa Ressler, Special Programs Coordinator, 227 Educator Lane, Wallis, TX, 77485, tressler@brazosisd.net, 979-478-6551.



DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

, acknowledge that a Computerized Criminal I, APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Brazos ISD

Agency Name (Please print)

Scott Rogers, Superintendent

Agency Representative Name (Please print)

jenture of Agency Representative

2021-2022

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 | | | | | |

Rev. 09/2015

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 | CityStat | eZip | |
| Physical Address: | | | |
| Street | CityStat | eZip | |
| Sex: _ Male _ Female | | | |
| | ackWhiteAsianO | 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.



Adjudication and *conviction* refer to a conviction, plea of guilty or no contest (nolo contendre), 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<u>false</u>. 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 tobe 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.

I declare under penalty of perjury that the foregoing is true and correct.

| Name (First, Middle, Last) Address (Street, City, State, Zip Code) | | | | Date of Birth County | | | |
|---|--|--|--|-------------------------|--|--|--|
| | | | | | | | |

(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, May 2020.