

APPLICATION FOR PROFESSIONAL POSITION
BOOKER INDEPENDENT SCHOOL DISTRICT

P.O. Box 288 * Booker, Texas 79005 * Ph: 806-658-4501 * Fax: 806-658-4503

Submit by Email
 Print Form

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

Personnel Data	Date of Application _____ Name _____ Last _____ First _____ Middle @S_ W _____ Current Address _____ Address _____ City _____ State _____ Zip Code _____ Other Address _____ Address _____ City _____ State _____ Zip Code _____ Work Phone Number _____ Home Phone Number _____ Email address _____			
Position Data	List the position(s) you are applying for: _____ Credentials included with application: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses _____ <input type="checkbox"/> All transcripts showing degrees _____ Date you can begin work: _____ Have you been employed by Booker ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment: From _____ To _____			
Education/Training	Name and Location of Schools Attended	Course of Study Major/Minor Fields	Diploma, Degree, Certificate or License Held	Year Graduated (College Only)

Certification

Certificate or license currently held:

- None
- Valid Texas
- Valid Other State
- Texas Emergency
- Texas One-Year: 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"/> Principal | <input type="checkbox"/> All-Level Music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Midmanagement Administrator | <input type="checkbox"/> Librarian | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary and Kindergarten | <input type="checkbox"/> Special Education (specify) _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Secondary (Jr/Sr High) | | |

Teaching Experience

List teaching experience beginning with most recent years.

*Total years teaching experience: _____

Name and location of school	Type of assignment	Dates taught	Reason for leaving

Other Work Experience

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

Professional Information

Please list relevant professional experience. Omit references to organizations that would reveal race, age, sex, or marital status. _____

 Other related professional activities: _____

General Information

Do you have a relative who serves on the **Booker ISD** Board of Education? Yes No
 If yes, please provide the relative's name and relationship: _____

Have you ever been convicted of or plead guilty or no consent (nolo contendere) to 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 nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

(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.)

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.

Full Name of Reference	School District/ Firm Name	Mailing Address	Position/ Title	Area Code/ Phone Number

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 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. This application shall be considered active for a period not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Below are questions designed to assist in determining TRS membership eligibility.

1. Have you ever worked for a TRS-covered employer*? Yes No _____

*State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools.

2. Did you contribute to TRS during this period of employment? Yes No

3. If the answer to #2 is yes, have you withdrawn your funds from TRS? Yes No

4. If the answer to #3 is NO, do you receive a monthly retirement check from TRS? Yes No

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification 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.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

