BOOKER INDEPENDENT SCHOOL DISTRICT

PROFESSIONAL APPLICATION

Main and Mitchell Road
P. O. Box 288 Booker, TX 79005
Ph: (806) 658-4501

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

711 Equal Opportunity Employor								
Date	Social Security Number							
Name								
Last	First		Middle Name					
Current Address	,			7/0.0				
Physical Add	dress	City	State	ZIP Code				
Current Mailing		City	State	ZIP Code				
Postali Addre	ess	City	State	ZIF Code				
Home Phone	Cell F	hone		 				
	_							
Work phone	E-ma	il						
Other name(s) that may appear on re	ecords			<u>.</u>				
List the position(s) you are applying f	for							
Date you can begin work				· · · · · · · · · · · · · · · · · · ·				
l								
Have you been employed by Booker								
If you answered yes, provide dates o	or employment							
Name and Location of College Attended	Course of Study and Major/Minor		gree, Certificate, ense Held	Year Graduated College only				

Office Use Only

Submitted to Board on: _____ Board Approval: YES / NO

_____ Interviewed by: _

Certificate or License currently held: None Valid Texas Valid Other State (specify) Texas Emergency Texas One-Year: Expires Texas Temporary Administrative: Expires Areas of Specialization: Administrator Elementary Secondary (JH/HS) Subject Area(s): Counselor Vocational (specify) Special Education (specify) Other (specify)							
List teach	ning experience beginni	ng with most recent.					
Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving				
Please provide a list on the past 10 years. Attack	of all other jobs or admir ch additional sheets if no						
School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving				

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 contest (nolo contendre) 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 the 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.) 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	Title	District or Firm Name	Mailing Address	Phone Number				

Statement Concerning Employment

Please provide and attach a statement concerning reasons for desiring a position with Booker Independent School District.

Information Check List

Please include the following information i	n addition to this application.
If a requested item is unavailable	please state reason.

	If a requested item is unavailable please state reason.
	College Transcripts
	Resume with References
	Teacher Certification (if available)
	Criminal History (please find below)
	Statement concerning reasons for desiring employment
	Statement of Affirmation
my knowle	offirm that all information provided in this application is true and accurate to the best of edge and understand that any deliberate falsifications, misrepresentations, or omissions y be grounds for rejection of my application or dismissal from subsequent employment
concernin otherwise	e the references listed on the previous page to give you any and all information g my previous employment and any pertinent information they may have, personal or, and release all such parties from liability for any damage that may result from the same to you.
	and that the District is authorized by Texas Education Code '22.083 to obtain crimina cord information on applicants the District intends to employ.
	Signæč ¦^ 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 one year. 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.

Please return to the Administration Office at the address listed above for consideration.

BOOKER INDEPENDENT SCHOOL DISTRICT

Criminal History Consent and Release Form

The Booker 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. In addition all applicants are required by Senate Bill 9 to submit fingerprint information to the Texas Department of Public Safety.

PLEASE PRINT CLEARLY

First Name Middle Na	nme	Last Name			Suffix			
Mother's Maiden Name				Social S	Security Nu	nber		
Physical Address	Mailing	Address						
City	State	Zip	Zip		Country			
Home Phone	Work Phone			Cell Phone				
Date of Birth Gender	ft in. Height	Weight	lbs.	Hair Color		Eye Color		
Race (White, Black, Asian, Indian, Hispanic, other)	Place of Birth		State		Country of Ci		itizenship	
Drivers License or State ID Number		Issuing State			Drivers Lice	ense Type		
 Have you ever received deferred adjudication or similif YES, please provide an explanation below: Have you ever-received probation or community supplif YES, please provide an explanation below: Have you ever been convicted of any criminal offense if YES, please provide an explanation below: 	ervision for any federal, state	or municipal crim	inal offe	nse?	YES YES		NO NO	
 As of the date of this authorization, do you have any pending criminal charges against you? If YES, please provide an explanation below: 					YES		NO	
Please list all places of reside	nce after the age of 18. If mo	ore space is needed	d, please	on the bac	k.			
City/Town	Сош	nty			Stat	te		
				l				

_Date__

of the employer.

Applicant Signature_

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

(AGENC	CT COLL)
APPLICANT or EMPLOYEE NAME (Please print)	, have been notified that a Computerized Criminal
History (CCH) verification check will be performed	d by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DO	<u>B</u> identifiers I supply.
Because the name-based information is not	an exact search and only fingerprint record searches
represent true identification to criminal history, the	e organization conducting the criminal history check
for background screening is not allowed to discus-	ss any criminal history record information obtained
using the $\underline{\text{name and DOB}}$ method. Therefore, the	agency may request that I have a fingerprint search
performed to clear any misidentification based on the	ne result of the <u>name and DOB</u> search.
For the fingerprinting process I will be	required to submit a full and complete set of my
fingerprints for analysis through the Texas Depart	ment of Public Safety AFIS (Automated Fingerprint
Identification System). I have been made aware th	at 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 age	ency receives the data from DPS, the information on
my fingerprint criminal history record may be discu	assed with me.
(This copy must remain on file by your	agency. Required for future DPS Audits)
Signature of Applicant or Employee	Please: Check and Initial each Applicable Space
Date	CCH Report Printed:
Agency Name (Please print)	YES NO initial
	Purpose of CCH:
Agency Representative Name (Please print)	Hire Not Hired initial
	Date Printed: initial
Signature of Agency Representative	Destroyed Date: initial

Date

Retain in your files

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

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

	determined by th	e state board for Lad	cutor Ger	cijicacie	<i>)</i> 11.				
I decla	are the following:								
0	I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.								
0	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 false . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:								
0	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 true . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:								
The fo a pre-e 132.00 attesti	ration of Applica llowing affidavit is employment affida 01. An applicant wi ing to the same.	nt offered to satisfy the vit, in accordance with it is offered employment of perjury that the for	requiremo h Texas Co ent will be	ent of T ivil Pra e asked	Texas Eo ctices a to com	ducation and Rema aplete a i	Code sect	ion 21.009 section	9 for
Name	(First, Middle, Las	t)			-	Date o	of Birth		
Addre	ss (Street, City, Sta	te, Zip Code)			County				
Execu	ted in	County, State o	of,	on the		day of _		_,	
	County		State		Date		Month	Year	
 (Signa	ture of Declarant)				-				
		of birth I am providing v urpose of this unsworn o			determi	ne eligibi	lity for emp	oloyment bi	ut
*This fo	orm will be processe	ed separately and not sl	hared with	the hir	ing man	ager.			

Approved by the Texas Commissioner of Education, October 2017.