

III CERTIFICATION(S)

A. Type(s) of certification now held.

- None
- Valid Texas
- Valid Other State _____
- Emergency (Texas)
- Texas One-Year Certificate, expires _____
- Texas Temporary Administrative, expires _____

B. Areas of Specialization.

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Secondary | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All Level Art | _____ |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All Level Music | (specify) |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> All Level PE/Health | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Elementary/Kindergarten | <input type="checkbox"/> Librarian | _____ |
| <input type="checkbox"/> Mid Management Administrator | <input type="checkbox"/> Nurse | (specify) |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Other _____ | | |
- (specify)

IV TEACHING EXPERIENCE

School District, University, or Private School	Location City/State	Grades/ Subjects Taught	Dates Taught

Total number of credible years: _____. (This must be filled in. Only teaching full-time in college, public school, or in an accredited private school is credible).

V OTHER WORK EXPERIENCE

List all jobs or administrative positions you have held in the last ten years, using additional paper if necessary. Attach resume, if available, stating responsibilities in detail.

School/Firm Name	Location	Position	Dates Employed

VI PROFESSIONAL DATA

* Publications/ Articles _____

* Professional Organizations/ Offices _____

* Seminars/Workshops Conducted _____

• Other related professional activities _____

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VII GENERAL INFORMATION

* Do you have any physical or health impairments that would limit your ability to perform the job for which you are applying?

Yes

No

* Do you have a relative who is either a member of the Cumby ISD Board of Trustees or who is employed in any capacity by Cumby ISD?

yes

No

If yes, please furnish the following information:

Name of Relative	Relationship	Position Held

* Have you ever been convicted of a felony? Yes

No

If yes, explain. _____

VIII EMPLOYMENT REFERENCES

Please list references who may be contacted regarding your work history. (Use another sheet of paper, if necessary).

School/Firm Name	Address	Telephone	Immediate Supervisor	Dates Employed

IX POLICY STATEMENT REGARDING EMPLOYMENT

Cumby ISD shall not discriminate on the basis of sex, race, color, religion, national origin, age, or handicapping conditions in its educational programs, supports, activities, or employment practices.

I the undersigned, state that all the information given on this application form and attachments is true And correct to the best of my knowledge, and I authorize the Cumby ISD to contact any individuals or Institutions listed herein unless designated in writing otherwise. I understand that if employed, I will be expected to comply with reasonable requirements of my position regarding in-service training, curriculum instructional program development, and school-related studies, evaluations, etc. I further understand my responsibilities for complying with all requirements of the Cumby ISD relative to personnel records and/or certification procedures. In addition, I understand my employment is subject to assignment by the Superintendent of Schools.

_____ date

_____ Signature of teacher/applicant

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

