



Alpine Independent School District

704 W. Sul Ross Avenue
Alpine, Texas 79830
Phone: 432-837-7700 • FAX: 432-837-7740

Dr. Michelle Rinehart, Superintendent

PROFESSIONAL APPLICATION

Date of Application: _____

NAME Ms. _____
Mr. _____
Last First Middle Maiden, if any

PRESENT ADDRESS _____ Mailing Address TELEPHONE _____ Area Code Number

CELL PHONE _____ Area Code Number

_____ City State Zip Code

E-MAIL ADDRESS: _____

PERMANENT ADDRESS _____ Mailing Address TELEPHONE _____ Area Code Number

_____ City State Zip Code

SOCIAL SECURITY NUMBER _____

POSITION DESIRED

(Please indicate the grade level, subject matter or type of position you prefer.)

1st Choice _____

2nd Choice _____

3rd Choice _____

EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of Schools Attended (Beginning with High School)	Dates of Attendance (Years)	Degree Conferred	Date Of Completion

STUDENT TEACHING

Subjects or Grade Level	Name and Address of Supervising Principals And Cooperating Teachers	Name of College Professor Who Supervised Your Student Teaching
	1.	
	Address	
	2.	
	Address	
	3.	
	Address	
	4.	
	Address	

TEACHING EXPERIENCE

(Do not include student teaching or substitute teaching.)

Name and Location of School District	Grades or Subjects	Years Taught (From ___ to ___)	Number of Years	Reason for Leaving

Total Number of Years _____

EMPLOYMENT OTHER THAN TEACHING

Inclusive Dates				Type of Work	Location		Salary	Name and Address of Employer
From		To			City	State		
Month	Year	Month	Year					

TEACHER CERTIFICATION INFORMATION

CERTIFICATE: State Issuing Certificate _____ Certificate Number _____

Date Issued _____ Date Expires _____

Teaching Fields and Endorsements Listed on Certificate _____

If you do not have a teaching certificate, when do you expect to receive it?

Employment in this district is contingent upon your holding a valid Texas teaching certificate and it is your responsibility to keep the Personnel Department informed concerning the completion of deficiency requirements that may exist. In the event that you fail to remove a deficiency from your certification status, it may lead to termination of your employment with this district.

GENERAL INFORMATION

1. When will you be available? Month _____ Year _____

Are you currently under contract? _____ Expiration Date of Contract: _____

Have you filed an application with us before? _____

2. Are you or your spouse related to any member of the Board of Trustees or the spouse of any board member of the Alpine Independent School District? _____

If so, explain your relationship. _____

3. Are you a citizen of the United States? Yes No If answer is **No**, have you filed a Declaration of Intent? _____

If **Declaration of Intent has been filed**, please list filing date and number. _____

4. Why would you like to teach In the Alpine Independent School District? _____

5. What language, other than English, do you speak fluently? _____

6. Have you ever been asked to resign or failed to be re-elected to a teaching position? _____

If **Yes**, please list where and when _____

7. Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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

If Yes, please state where, when, and the nature of the offense: _____

(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 your applying.)

8. Do you have plans for additional training in the field of education? _____

If so, what are your plans? _____

9. In the space provided below, please comment on some of today's problems in public school education as they apply to your teaching field along with any possible solutions you might offer.

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), 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 **false**. 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 to be **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. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

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

Name (First, Middle, Last)	Date of Birth
Address (Street, City, State, Zip Code)	County
Executed in _____ County, State of _____, on the _____ day of _____, _____.	
<i>County</i>	<i>State</i>
<i>Date</i>	<i>Month</i>
	<i>Year</i>

(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.

REFERENCES

List names of professional references (Superintendent, Principal, Supervisor, Cooperating Teacher, College Professor) who would have first-hand knowledge of your character, personality, and teaching ability. List at least one administrator for each of your teaching positions.

Full Name of Reference	Mailing Address	Phone	Position

APPLICANT'S STATEMENT

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 required by Texas Education Code to review criminal history of applicants.

Furthermore, if elected, I agree to acquaint myself with school board policies and comply with said policies.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

DISTRICT'S STATEMENT

The Alpine Independent School District is an equal opportunity employer and selects personnel solely on the basis of merit and suitability to the position. Selection is determined by the presentation of evidence of experience and training, the submission of written professional references, and personal interviews. All personnel at the Alpine Independent School District shall be employed without regard to race, color, national origin, religion, sex, marital status, age, veteran or military status, disability, or any other legally protected status.



Home of the
Fightin' Bucks

ALPINE INDEPENDENT SCHOOL DISTRICT

B. Michelle Rinehart, Superintendent

704 W. Sul Ross Avenue
Alpine, Texas 79830
(432) 837-7700
FAX: (432) 837-7740

"Alpine ISD will provide our children with learning experiences to be responsible, productive, and successful members of an ever changing world."

ADDENDUM TO APPLICATION

The Alpine 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.

(Please Print)

Full Name _____
(Last) (First) (Middle Initial)

Mailing Address: _____
Street City State Zip

Social Security #: _____ Date Of Birth: _____

Driver's License: _____
State and Number

Sex: Male Female Ethnicity: _____

I understand the following information will be used by the district in obtaining criminal history record information and will be considered by the school district in determining eligibility for employment.

Signature _____ Date _____

THIS FORM WILL BE REMOVED FROM THE APPLICATION AND FILED SEPARATELY IN THE PERSONNEL OFFICE.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

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.dps.texas.gov/Crime Records Information/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

Alpine Independent School District
Agency Name (Please print)

Marsha Roach
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"/> <input type="checkbox"/> initial
Purpose of CCH: _____	
Empl <input type="checkbox"/>	Vol/Contractor <input type="checkbox"/> <input type="checkbox"/> initial
Date Printed: _____	<input type="checkbox"/> initial
Destroyed Date: _____	<input type="checkbox"/> initial
Retain in your files	