

List specific skills and any machines or equipment you can operate. _____

EDUCATION/TRAINING

Name and Location of Schools Attended (Beginning with High School)	Course of Study Major/Minor (if applicable)	Diploma, degree, certification, or license held	Year Graduated (if applicable)

EMPLOYMENT INFORMATION

Employer and location	Position/Title	Dates Employed	Supervisor	Reason for leaving

List references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance or who may have first hand knowledge of your character and work ethic:

Name	Mailing Address	Phone	Position

State in your own words your reasons for wanting employment with Alpine Independent School District.

Do you have a relative who serves on the Alpine ISD Board of Trustees, or is an employee of Alpine ISD?

Yes No If Yes, please provide the relative's name and relationship: _____

Have you ever been discharged because of an accident or accidents?

Yes No If yes, explain _____

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, or 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 you are applying.)

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.

APPLICANT'S STATEMENT

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate misrepresentation, falsification or omission of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed above 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.

Furthermore, if employed, 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. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

DISTRICT 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. Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, age, veteran or military status, disability, or any other legally protected status.

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 will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

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 _____ NO _____	_____ initial
Purpose of CCH: <u>Pre-employment</u>	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	