

Application for Professional Employment
CHESTER
Independent School District

273 Yellowjacket Drive
Chester, Texas 75936
(936) 969-2371 FAX: (936) 969-2080

NAME _____ TELEPHONE(_____) _____
 Last First Middle

ADDRESS _____
 Street/P.O. Box City State Zip Code

SOCIAL SECURITY NUMBER _____ ALTERNATE PHONE NUMBER (_____) _____

POSITION DESIRED:

Elementary Grades in order of preferences (PreK-5) 1st _____ 2nd _____ 3rd _____

Subjects in Grades 6-8 in order of preference 1st _____ 2nd _____ 3rd _____

Subjects in Grades 9-12 in order of preference 1st _____ 2nd _____ 3rd _____

Other _____

EDUCATION AND PROFESSIONAL TRAINING:

HIGH SCHOOL _____
 Name City State Dates Attended Date Grad.

COLLEGES AND UNIVERSITIES: List all Colleges and Universities attended and hours in major and minor.

College/University Attended	From	To	Degree Earned or Anticipated	Grad. Date	Major/Hours	Minor/Hours

PROFESSIONAL PREPARATION:

Certificate held: _____
 Type State Date Granted Expiration Date

Areas of certification (i.e.-Teaching Fields, Endorsements, or Areas of Specialization)

1. _____ 2. _____ 3. _____

Student Teaching: When _____ Where _____

Supervising Teacher _____ Grade/Subject _____

PROFESSIONAL TEACHING EXPERIENCE: Indicate below your teaching experience starting with the most recent:

School/Name and Location	Inclusive Dates				Number of Months or Years	Grade/Subject/Position
	From		To			
	Month	Year	Month	Year		

REFERENCE INFORMATION: List five references, including superintendents, principals and/or college professors who have observed and know your work as a student or teacher.

Name	Correct Mailing Address	Telephone Number	Position

Are you related to any member of the CISD Board of Education? _____

Have you previously taught in Texas on an emergency or special assignment teaching permit? Yes No
If yes, please explain:

Do you have a valid drivers license? Yes No If yes, Type _____ State _____ No. _____

List extracurricular or other activities you can direct: _____

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

Yes No If yes, please explain:

How much time have you lost from work in the past year? _____

Have you ever filed for or received benefits as a result of a workers' compensation claim? Yes No If yes, please provide the date(s) of the injury(ies), employer's name for whom you were working at the time of such claim, and the specific nature of the injury. Also state whether you are fully recovered from that injury.

Have you ever been convicted of a felony, or of any crime involving moral turpitude, including but not limited to felony crimes involving alcohol, and felony and misdemeanors involving controlled substances and/or children? Yes No

If yes, please explain:

I waive the right to review references obtained concerning this application. Yes No

**IMPORTANT: PLEASE READ CAREFULLY AND SIGN BELOW
INDICATING THAT YOU UNDERSTAND THE FOLLOWING INFORMATION**

It is the responsibility of the applicant to request that his or her placement folder be sent to the CISD. Attach a complete transcript and a copy of your teaching certificate to this application. If elected, the applicant agrees to accept the assignment made by the Board of Education and/or district administrators. This application will be DESTROYED after TWO (2) years if appointment has not been made. Appointments are not made without a personal interview. The district will notify you, after consideration of this application, if an interview is desired.

NOTICE OF COMPLIANCE: The Chester Independent School District is in compliance with the provisions of Title VI, Civil Rights Act of 1964, with Title IX of Public Law 92-318 and with section 504 Rehabilitation Act of 1973. The CISD does not discriminate on the basis of sex, race, religion, national origin, age, or handicap in the operation of its education programs and activities or in its admissions and employment policies. The CISD is an equal opportunity employer. Inquiries concerning compliance may be obtained by calling the Personnel Office.

I authorize the CISD to contact the references listed on this application and to obtain any criminal history record relevant to this application (TEC 21.917).

Signature of Applicant _____ Date of Application _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, (**print** Applicant or Employee Name,) 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 information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DOS, 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

Chester Independent School District
Agency Name (Please print)

Stephanie Williams
Agency Representative Name

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES NO _____ Initial

Purpose of CCH: _____

Hired Not Hired _____ Initial

Date Printed: _____ Initial

Date Destroyed: _____ Initial

Retain in your files.