



Walnut Springs ISD

PH 254-797-2132 or 254-797-2133

PO Box 63
Walnut Springs, TX 76690

Superintendent
Pat Garrett

Principals
Lonnie Flippen & Kelly Ott

Employment Application for Professional Personnel

We consider Applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

PERSONAL DATA

Name (as it is on your Driver's License): _____

LAST

FIRST

MIDDLE

Email: _____ @ _____

Current Address:

STREET/BOX

CITY

STATE

ZIP

Other Address Where
You May Be Reached:

STREET/BOX

CITY

STATE

ZIP

Social Security # _____ - _____ - _____ D.O.B. ____/____/____ DL# _____ State: _____

Preferred Phone Contact: Cell Home

Cell: _____ - _____ - _____ Home: _____ - _____ - _____ Work: _____ - _____ - _____

Name Used On Records If Different From Present Name: _____

POSITION DATA

Application Date _____ Date Available _____ Position for which you are applying: _____

Please include all of the Credentials listed below with your Application:

1. Resume
2. All Transcripts Showing Degree
3. All Teaching & Professional Certificates
(Front and Back, if appropriate)

Former WSISD Employee? Yes No If Yes: Dates of Employment _____

EDUCATION/TRAINING

Schools Attended: List All Applicable Information

Name Of School And Location	Course of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated

CERTIFICATION INFORMATION*Name Shown on Certificate:* _____

Type of Certificate

List subjects _____

Valid Texas _____

Valid Other State _____

Emergency Permit(TX) _____

Temporary Permit

Expiration date: ____/____/____

TX 1-Year Certificate

Expiration date: ____/____/____

TX Temporary Administrative

Expiration date: ____/____/____

Areas of Specialization

Administrator

Elementary

All Level

Superintendent

Elementary and Kindergarten

Specify _____

Principal

Secondary (JH and Secondary)

Special Education

Librarian

Technology Applications

Specify _____

Counselor

CTE

Other

Visiting Teacher

Specify _____

Specify _____

TEACHING EXPERIENCE

List teaching experience: Begin with most recent years & do not write "See Attached Resume"

Name Of School And Location	Type of Assignment	Dates Taught	Reason for Leaving

OTHER WORK EXPERIENCEPlease provide a complete listing of all other jobs or administrative positions you have held in the past 10 years, beginning with the most recent. Attach additional sheets if necessary. **PLEASE ATTACH RESUME.**

School District/ Firm Name	Position/Title	Dates Employed	<u>REASON FOR LEAVING</u>

PROFESSIONAL DATA

Omit references to information that would reveal race, age, ethnic origin, or religious persuasion.

Publications/Articles _____

Seminars/Workshops Conducted _____

Other Related Professional Activities _____

GENERAL INFORMATION

Do you have a relative who is a member of the Walnut Springs ISD Board of Education? Yes No

If yes, name of the relative _____ and the relationship _____.

Have you ever been convicted of a felony or offense involving moral turpitude (*including, but not limited to theft, murder, swindling, and indecency with a minor*) and/or received probation or deferred adjudication: Yes No If yes, please state where, when, and the nature of the offense. _____

(Conviction of a felony 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.)

REFERENCES

Please list below references that may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your work experience. ***Please include information here even if listed on resumé.***

Full Name of Reference	School District or Firm Name	Mailing Address	Position/ Title	AC / Phone #

VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I 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 same to you.

I understand that the district is required by Texas Education Code 22.083 to obtain criminal history record information on applications selected for employment.

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 of time not to exceed 365 days. 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.

Signature of Applicant

Date

FOR SCHOOL USE ONLY:

Date application received: _____

***Incomplete Applications will NOT be accepted.
Faxed Applications ARE NOT accepted.***



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Addendum to Application

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CONFIDENTIAL

THE WALNUT SPRINGS INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT WITH THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083)

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION AND WILL NOT BE USED IN ANY MANNER RELATED TO DETERMINING THE ELIGIBILITY FOR EMPLOYMENT WITH THE DISTRICT.

Name (as it is on your Driver's License): _____

Social Security Number _____ - _____ D.O.B. _____

Driver's License Number: _____ State: _____

Sex: Male
 Female

Ethnicity: Black
 Hispanic
 Other
 White

Signature of Applicant

Date

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: (please initial by the correct response below)

_____ 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 _____
County State Date Month Year

(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. Approved by the Texas Commissioner of Education, October 2017.

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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)

To be Completed by Applicant

Signature of Applicant or Employee (optional)

Date

To be Completed by Agency

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 No _____ initial

Purpose of CCH: _____

Empl Volunteer _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files