### CARTHAGE INDEPENDENT SCHOOL DISTRICT

#1 BULLDOG DRIVE

CARTHAGE, TEXAS 75633-2370

## APPLICATION - PROFESSIONAL EMPLOYMENT

I. PERSUNAL DATA							
Name(Last)			Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Last) Address		(Middle)					
City	Stat	teZi	p Code	Phon	e#		
Permanent Address(Mailing Ad	dress)	(City)	(State)	Phone#_			
	When will you be available?						
II. PROFESSIONAL DATA	÷		•				
Position Applying For		Highest de	gree held	Date co	nferred		
College conferring degree		_Major(s)		Minor(s)			
Do you hold a valid Texas Teacl	ning Certificate	e? <u>/</u> (	Other State?	· (Give Nam	e of State)		
Type of Certificate: / Professional Provis							
Test Date:	Passed/	Test D	ate:	xES	Passed		
Elementary Applicant: (a)	(Grade Preference)	(	o) College H	Hours of Prepar	ration in:		
(1)Art(2)Math(3)PE						nglish	
Secondary Applicant: (a) Name	subjects you a	re certified to 1	each:				
(1)Sem Hrs	(2)	Sem	Hrs	_(3)	Sem H	rs	
EDUCATIONAL & PROFESS	e produce de la companya de la comp La companya de la companya dela companya de la companya de la companya de la companya dela companya dela companya de la companya dela companya						
NAME OF SCHOOL OR INSTITUTION	COURSE	DIPLOMA OR DEGREE	YEAR OF GRAD.	DATES FROM - TO	TOTAL TIME SPENT YEARS	SEM HRS CREDIT	
COLLEGE						appaparon and to accept the contract of the co	
UNIVERSITY							
GRADUATE WORK						<u></u>	
SPECIAL							

#### III. TO THE APPLICANT:

In the space provided below and in your own handwriting, please give a statement of your attitude toward teaching, your concepts of a teacher's responsibilities and rights, your attitude toward the school and the community, and your attitude toward youth. In brief, this may well bear the title:

"MY PHILOSOPHY OF EDUCATION."

#### REQUIREMENTS FOR FINAL APPOINTMENT:

Requirements include: service record (if applicable), official transcripts of college work (bearing the college seal), teaching certificate and two (2) professional references (preferably past employers).

No appointment to a teaching position is final until all required materials and records are on file in the Superintendent's Office of Carthage Independent School District.

#### PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS TO THIS APPLICATION

Return completed application to: Carthage Independent School District #1 Bulldog Drive Carthage, TX 75633-2370

Desfersional Ameliantian 1/07

# CARTHAGE INDEPENDENT SCHOOL DISTRICT CRIMINAL HISTORY RECORD INFORMATION ADDENDUM Confidential\*

#### **EXHIBITA**

Please print

I hereby affirm that all information provided in this application is true and accurate. I understand if the information provided is untrue or inaccurate or contains falsifications, misrepresentations or omissions of fact it will be grounds for rejection of my application or dismissal from subsequent employment.

I understand that I am required to hold a valid Texas drivers license or a state issued identification. I understand that I am required to report any criminal charges brought against me while the application for hire is pending or after I have been employed. I understand that if I ever drive a school vehicle that if my drivers license is revoked for any reason or if it should expire, I am required to notify my supervisor immediately. Failure to report a revocation, suspension or lapse in my driving privileges with the State of Texas for any reason is grounds for dismissal. I further understand and agreed that I have a duty to update a new drivers license when the state issues a new license thereby having my current drivers license on file with the personnel department at Carthage ISD at all times.

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that the Carthage Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ. I authorize the district to update my criminal history record at any time during my employment with Carthage ISD. The information requested below is necessary to obtain criminal history record information.

Name								
	Last	First	Middle	N	laiden	Any other Na	ame Used	
Social Security	#				DL#	Issuing	State	
Date of Birth_ Have you every charge?			faleed of, or	_	Ethnicity: deferred adjud	Black	_White/Other	ninal
If yes, please e	xplain:	,		·				
I understand that for employment,								bility
Signature						· .		
Date					•			

<sup>\*</sup>This form will be removed from the application and filed separately in the personnel office.

# DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I,, nave t	een nouned that a Computerized Cimmar				
APPLICANT of EMPLOYEE NAME (Please print) 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.					
Because the name-based information is not an exact search and only fingerprint record searches					
epresent 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 resul					
For the fingerprinting process I will be require					
fingerprints for analysis through the Texas Department o					
Identification System). I have been made aware that in o	rder to complete this process I must make an				
appointment with L1 Enrollment Services, submit a full a	and complete set of my fingerprints, request a				
copy be sent to the agency listed below, and pay a fee of S					
L1 Enrollment Services.					
Once this process is completed and the agency re	ceives the data from DPS, the information on				
my fingerprint criminal history record may be discussed w					
(This copy must remain on file by your agenc	ey. Required for future DPS Audits)				
Signature of Applicant or Employee	Please:				
	Check and Initial each Applicable Space				
Date	CCH Report Printed:				
	YES T, NO TI initial				
Agency Name (Please print)	150				
	Purpose of CCH:				
Agency Representative Name (Please print)	Hire Not Hired I initial				
Signature of Agency Representative	Date Printed: initial				
	Date Printed: initial  Destroyed Date: initial				
	Duto I Initial				

**REFERENCES:** List three references who are qualified to evaluate you for the position sought. Do not send general letters of reference with this application. Character references and college or university teachers should be included in this list.

NAME	ADDRESS	OCCUPATION	ASSOCIATION WITH APPLICANT	PHONE NO. (Required)
1.				
2.		·		
3.				

Give full and accurate data regarding your teaching experience (accredited schools only).

NAME OF SCHOOL OR INSTITUTION AND LOCATIONS	GRADES OR HS SUBJECT TAUGHT OR POSITION HELD	DATES FROM - TO	NO. OF YEARS	NAME AND ADDRESS PRINCIPAL OR SUPERINTENDENT
1.				
2.				
3.				·

Other - than - Teaching Experience (military, business, or other work experience. Explain fully; give dates.)

BUSINESS/ ORGANIZATION	IMMEDIATE SUPERVISOR	DATES FROM - TO	. ADDRESS AND PHONE NUMBER
1.			
2.			
3.			