

**CARTHAGE INDEPENDENT SCHOOL DISTRICT
APPLICATION - SUBSTITUTE TEACHER**

Name _____ Date _____

Address _____ Social Security Number _____ - _____ - _____

City _____ State _____ Zip Code _____ Phone # _____

Have you substitute for us in the past? _____ Yes _____ No When? _____

Are you available at all times? _____ Yes _____ No (If no, please explain) _____

Person to notify in case of emergency: _____ Phone# _____

EDUCATIONAL BACKGROUND

() High School Diploma () GED () Business College Degree () One Year College

() Two Years College () Three Years College () Bachelors Degree () Masters Degree

Other: _____ Majors(s) _____ Minor(s) _____

Do you have a Valid Texas Teaching Certificate () Yes () No Other State(s)? () Yes () No

WORK HISTORY/TEACHING EXPERIENCE

Former Employer _____ Phone# _____

Address _____

Job Title _____ Supervisor _____

Worked From _____ to _____ Reason for leaving _____

Former Employer _____ Phone# _____

Address _____

Job Title _____ Supervisor _____

Worked From _____ to _____ Reason for leaving _____

Choice of Grade Level(s) for Substituting: _____

Statement concerning your views on substituting and why you desire to do it: _____

Signature of Applicant _____

Equal Opportunity Employer

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

CISD Title IX Coordinator is J.Glenn Hambrick, Superintendent, #1 Bulldog Drive, Carthage, TX 75633 (903)693-3806

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, 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 identifiers 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 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 result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

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

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

