

NCCISD - EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

*An Equal Opportunity Employer**

Date of application _____		Social Security # _____		
Personal Data	Name _____ Birthdate _____ <small><i>Last First Middle initial</i></small>			
	Current address _____ <small><i>Street/Box City State ZIP Code</i></small>			
	Other address where you may be reached _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small><i>(Used for certification, reference, and criminal history record checks)</i></small>			
Position Data	List the position(s) for which you are applying _____			
	Credentials included with application:			
	<input type="checkbox"/> Résumé			
	<input type="checkbox"/> All teaching and professional certificates or licenses			
	<input type="checkbox"/> All transcripts showing degrees			
Date you can begin work _____				
Have you been employed by Nueces Canyon C.I.S.D. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide dates of employment _____				
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small><i>(College only)</i></small>

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Certification/Licensure	<p>Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Teaching Experience	List teaching experience beginning with most recent years.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving		

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Other Work Experience	Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	
	References	Please list references the district can contact regarding your work history.		
Full name of reference		School district/ firm name	Mailing address	Area code/ phone number

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General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Nueces Canyon C.I.S.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>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, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____ _____ _____</p> <p align="center"><small>(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.)</small></p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>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 the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p>_____ _____ Signature Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is
Mrs. Kristi Powers, Superintendent, PO Box 118 / Barksdale Texas 78828, 830-234-3514

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

I, _____ ,
APPLICANT or EMPLOYEE NAME (Please print)
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
LI 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, LI 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): Nueces Canyon C.I.S.D.

Agency Representative Name (Please Print): Billye J. Smith

Signature of Agency Representative: _____

Date: _____

Please:
Check and Initial each Applicable Space
CCH Report Printed:
YES _____ NO _____ _____ Initial

Purpose of CCH: _____

Hire _____ Not Hired _____ _____ Initial

Date Printed: _____ _____ Initial

Destroyed Date: _____ _____ Initial

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