

**COMANCHE ISD APPLICATION FOR PROFESSIONAL PERSONNEL**

***An Equal Opportunity Employer\****

|                           |  |                                 |  |   |
|---------------------------|--|---------------------------------|--|---|
| Date of application _____ |  |                                 |  |   |
| <b>Personal Data</b>      | Name _____<br><small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle initial</small>  |                                 |  |   |
|                           | Mailing address _____<br><small style="display: inline-block; width: 25%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 20%; text-align: center;">ZIP Code</small>  |                                 |  |   |
|                           | E-mail address _____   |                                 |  |   |
|                           | Home phone _____ Cell phone _____ Other phone _____  |                                 |  |   |
|                           | Other name that may appear on records _____<br><small>(Used for certification, reference, and criminal history record checks)</small>  |                                 |  |   |
| <b>Position Data</b>      | List the position(s) for which you are applying _____  |                                 |  |   |
|                           | Credentials included with application:<br><input type="checkbox"/> Résumé<br><input type="checkbox"/> All teaching and professional certificates or licenses<br><input type="checkbox"/> All transcripts showing degrees<br>Date you can begin work _____<br>Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered yes, provide dates of employment _____ |                                 |  |   |
| <b>Education/Training</b> | Name and location of schools attended  | Course of study and major/minor | Diploma, degree, certificate, or license granted | Year graduated<br><small>(College only)</small> |
|                           |  |                                 |  |   |
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| <b>Certification/Licensure</b> | <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> |
|--------------------------------|---|

|                            |  |                    |                             |  |
|----------------------------|--|--------------------|-----------------------------|--|
| <b>Teaching Experience</b> | 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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|------------------------------|--|-------------------------------|-----------------------------|----------------|---------------------|
| <b>Other Work Experience</b> | 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            |                             |                |                     |
| <b>References</b>            | Please list references the district can contact regarding your work history.   |                               |                             |                |                     |
|                              | Full name of reference   | School district/<br>firm name | Mailing address             | Position/title | Area code/<br>phone |
|                              |  |                               |                             |                |                     |
|                              |  |                               |                             |                |                     |
|                              |  |                               |                             |                |                     |



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| <b>General Information</b> | <p>Do you have a relative who serves on the Board of Education or is an employee of _____ ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</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>_____</p> <p>_____</p> <p>(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.)</p>                               |
| <b>Verification</b>        | <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 align="center">_____<br/>Signature</p> <p align="center">_____<br/>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, , sexual orientation or gender identity), 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.*

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*In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.*

***Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, Jennifer Jones, Asst. Principal HS, 1600 N Austin, Comanche, TX 76442, [jjones@comancheisd.net](mailto:jjones@comancheisd.net), (325) 356-2581 x 2102.***



HR Services



# 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.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/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)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

Comanche ISD

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

|  |               |
|--|---------------|
| <b>Please:</b>                                 |               |
| <b>Check and Initial each Applicable Space</b> |               |
| CCH Report Printed:                            |               |
| YES _____ NO _____                             | _____ initial |
| Purpose of CCH:                                | _____         |
| Empl ___ Vol/Contractor ___                    | _____ initial |
| Date Printed:                                  | _____ initial |
| Destroyed Date:                                | _____ initial |
| <b>Retain in your files</b>                    |               |