



EMPLOYMENT APPLICATION FOR PROFESSIONAL STAFF PERSONNEL

DELL CITY INDEPENDENT SCHOOL DISTRICT

P.O BOX 37/110 NORTH MAIN

DELL CITY, TEXAS 79837

Phone: (915) 964-2663 FAX: (915) 964-2880

\*An Equal Opportunity Employer\*

The Immigration and Control Act of 1986 requires all new employees to present proof of eligibility to work in the United States.

Date of application \_\_\_\_\_

Personal Data	Name _____ <i>Last First Middle initial</i>			
	Current address _____ <i>Street/Box City State ZIP Code</i>			
	Other address where you may be reached _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>			
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 _____ ISD 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 <i>(College only)</i>





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**Certification/Licensure**

Certificates or Licenses Currently Held:

- None
- Valid Texas
- Valid Other State \_\_\_\_\_
- Texas One-Year (out-of-state/country): Expiration date: \_\_\_\_\_
- Other: \_\_\_\_\_

Category/Level(s) of Certification: \_\_\_\_\_

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 section with instructions: '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.' Includes a table with columns for Employer name and location, Position/title held, Dates employed, Supervisor's name and phone, and Reason for leaving. Below is the References section with instructions: 'Please list references the district can contact regarding your work history.' Includes a table with columns for Full name of reference, School district/ firm name, Mailing address, Position/title, and 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 _____ 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>
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 style="text-align: center;">_____ Signature</p> <p style="text-align: right;">_____ 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 Fabian Gomez, Superintendent, 915-964-2663



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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/ firm name	Mailing address	Position/title
				Area code/ phone number



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### Criminal History Record Information Consent & Release Form

*Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.*

I, the undersigned, hereby authorize Dell City Independent School District, an educational service entity established by the State Board of Education of the State of Texas, to obtain criminal history record information about me, in accordance with applicable statutes, from any law enforcement agency, including a police department, the Texas Department of Public Safety, the Texas Department of Criminal Justice, and/or the Federal Bureau of Investigation. I request and authorize any law enforcement agency that receives a request from said Region 19 Education Service Center for information to furnish the information in the manner and for the purposes set forth in the Texas Education Code § 22.083.

I hereby release Dell City Independent School District, its officers, agents, employees and representatives, and law enforcement agency furnishing the information described above from any and all liability of every kind arising there from. The Dellcity ISD has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. A photograph of this document may be relied upon as if it were an original.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden and/or Other Names Used

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer.

1. Have you ever been convicted or plead guilty before a court to any federal, state, or municipal criminal offense? (excluding minor traffic violations).  YES  NO

If YES, please provide an explanation below: \_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

YES  NO





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I hereby certify that all information provide in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that that grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of Dell City Independent School District.

Applicant (Print Name) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A copy of your driver's license (front/back) must be submitted with this release form.**

**Applicants must provide signed copies of reference forms by mail because they require an original signature.**

**Reference forms can be found under Employment Information on the district's website.**

**<http://dellcity.schoolwires.com>**