

Certification

Certificate or license currently held:

- None
- Valid Texas Educator Certification (check all that apply)
 - Provisional, Standard or Professional
 - Probationary
 - Emergency
 - One-Year (Non-Renewable)
 - Temporary Administrative
- Valid Other State Educator Certification _____
- Other: _____

List specific certificates or licenses currently held:

Type of Certificate or Permit: (i.e., Standard, Provisional, Probationary, Emergency, etc.)	Area of Specialization or Endorsements: (i.e., Secondary Mathematics Grades 6-12)	Issuing State or Agency:	Expiration Date:

Teaching Experience

Please provide a list of teaching positions you have held in the last 10 years.
Attach additional sheets if necessary.

Name & Location of School (begin with most recent experience)	Type of Assignment	Dates Taught	Reason for Leaving

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.

School District/Firm Name (begin with most recent experience)	Position/Title	Dates Employed	Reason for Leaving

General Information	<p>Do you have a relative who serves on the Hempstead ISD Board of Trustees? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please provide the relative's name and relationship: _____</p> <p>Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you ever been convicted of, pleaded 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; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:</p> <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> ▪ Failure to report any of the above mentioned offenses may be reason for proposed nonrenewal of an employee's term contract. ▪ 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>Please list references the district may contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.</p>																													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Full Name of Reference</th> <th style="width: 20%;">School District/ Firm Name</th> <th style="width: 25%;">Mailing Address</th> <th style="width: 20%;">Position/Title</th> <th style="width: 10%;">Area Code & Phone Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Full Name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area Code & Phone Number																				
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**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.*

The district Title IX Coordinator is:

*Superintendent
 524 Austin St. / PO Box 1007
 Hempstead, TX 77445
 Phone: 979-826-5502*

HEMPSTEAD ISD

CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence

*Address Apartment or #

City County State Zip

**Date of Birth **Social Security Number **Gender **Race

**Driver's License Number **Driver's License Expiration Date **State Which Issued Driver's License

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. ___YES ___NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense (exclude minor traffic misdemeanors)? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____/____/____

Details of conviction: _____

2. ___YES ___NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. ___YES ___NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. ___YES ___NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. ___YES ___NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.
(This section must be completed even if you have only lived at the address listed at the top of the form.)

CITY/TOWN

COUNTY

STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____