

Rule Independent School District

Employment Application for Professional Personal



An 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 any medical conditions, disability, or any other legally protected status.

	Date of application: _____	Date Available: _____																				
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last</i> <i>First</i> <i>Middle Initial</i> </div> Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>Zip Code</i> </div> Home phone _____ Cell phone _____ Other name that may appear on records _____ Social Security Number _____ <i>(Providing your Social Security Number allows the district to verify your certification. Disclosure is optional.)</i>																					
Position Data	List the position(s) for which you are applying _____ Type of employment: ___ Full-time ___ Part-time Have you been employed by Rule ISD in the past? ___ Yes ___ No If you answered yes, provide dates of employment _____																					
Credentials	Credentials included with application: ___ Resume ___ All teaching and professional certificates or licenses ___ All transcripts showing degrees																					
Education/Training	Schools attended: List all applicable <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Name and location</th> <th style="width: 20%;">Course of study Major/minor</th> <th style="width: 25%;">Diploma, degree or certificate</th> <th style="width: 20%;">Year graduated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name and location	Course of study Major/minor	Diploma, degree or certificate	Year graduated																
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Certification	<p>Certificates or Licenses Currently Held: ___ None ___ Valid Texas ___ Valid Other State _____ ___ Texas One Year (out of state/country): Expiration Date: _____ ___ Other: _____ Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____</p>																																		
Teaching Experience	<p>List teaching experience beginning with most recent years. Attach additional sheets if necessary. Attach resume if available.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name and location of school</th> <th style="width: 20%;"></th> <th style="width: 20%;">Name and location of school</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Type of assignment</td> <td></td> <td>Type of assignment</td> <td></td> <td></td> </tr> <tr> <td>Dates taught</td> <td></td> <td>Dates taught</td> <td></td> <td></td> </tr> <tr> <td>Principal's name and phone number</td> <td></td> <td>Principal's name and phone number</td> <td></td> <td></td> </tr> <tr> <td>Reason for leaving</td> <td></td> <td>Reason for leaving</td> <td></td> <td></td> </tr> </tbody> </table>					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 number		Principal's name and phone number			Reason for leaving		Reason for leaving							
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Other Work Experience	<p>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 resume if available.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Employer name and location</th> <th style="width: 20%;"></th> <th style="width: 20%;">Employer name and location</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Position/title held</td> <td></td> <td>Position/title held</td> <td></td> <td></td> </tr> <tr> <td>Dates employed</td> <td></td> <td>Dates employed</td> <td></td> <td></td> </tr> <tr> <td>Supervisor's name and phone number</td> <td></td> <td>Supervisor's name and phone number</td> <td></td> <td></td> </tr> <tr> <td>Reason for leaving</td> <td></td> <td>Reason for leaving</td> <td></td> <td></td> </tr> </tbody> </table>					Employer name and location		Employer name and location			Position/title held		Position/title held			Dates employed		Dates employed			Supervisor's name and phone number		Supervisor's name and phone number			Reason for leaving		Reason for leaving							
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References	<p>Please list references the district can contact regarding your work history. List any personal reference the district may contact.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Full name of reference</th> <th style="width: 15%;">School district or name of firm</th> <th style="width: 25%;">Mailing address</th> <th style="width: 15%;">Position/title</th> <th style="width: 30%;">Phone number including area code</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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Full name of reference	School district or name of firm	Mailing address	Position/title	Phone number including area code																									
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General Information

Do you have a relative who is a Rule ISD Board Member? ___ Yes ___ No

If yes, give the name of the relative and relationship _____

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)? ___ Yes ___ No

If yes, please state where, when and the nature of the offense

(Conviction of a felony 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.)

Verification

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.

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.

I understand the district is required by Texas Education Code 22.083 to review criminal history record information of applicants.

Please note that your application will be kept in an active file for one (1) year from the date on application. If you have not been hired to work in the Tidehaven Independent School District within a year and still desire to be considered for a position, renewal of the application must be made in writing.

Signature _____ Date _____

This application becomes the property of the district. The district reserves the right to accept or reject it.

Return Application to: Superintendent's Office
Rule ISD
1100 Union Ave.
Rule, TX 79547
Phone: (940)997-2521
Fax: (940)997-2446



RULE INDEPENDENT SCHOOL DISTRICT

1100 UNION AVE. RULE, TEXAS 79547

CRIMINAL HISTORY RECORD INFORMATION REQUEST

"CONFIDENTIAL"

THE RULE INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT IN THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION.

FULL NAME _____
(PRINT) LAST FIRST MIDDLE

LIST MAIDEN NAME AND/OR OTHER NAMES USED _____

MAILING ADDRESS _____

SOCIAL SECURITY NO. _____

DRIVER'S LICENSE STATE AND NUMBER _____

DATE OF BIRTH _____

SEX: MALE FEMALE

ETHNICITY: Black White Hispanic Other

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING ABOUT AGE, SEX AND ETHNICITY WILL NOT DETERMINE ELIGIBILITY FOR EMPLOYMENT, BUT WILL BE USED SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION. MY SIGNATURE AUTHORIZES RULE INDEPENDENT SCHOOL DISTRICT TO OBTAIN A CRIMINAL HISTORY FOR ME.

SIGNATURE

DATE

FOR OFFICE USE ONLY		
<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> MENTOR	<input type="checkbox"/>
OTHER _____		
<input type="checkbox"/> MEETS CRITERIA	<input type="checkbox"/> DOES NOT MEET CRITERIA	

* THIS FORM WILL BE REMOVED FOR THE APPLICATION AND FILED SEPARATELY IN THE HR OFFICE

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 /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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

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 _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	