

Rule Independent School District Employment Application for Substitute Teacher



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 _____ <i>Last First Middle Initial</i>	
	Current Address _____ <i>Street/Box City State Zip Code</i>	
	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>	
Preparation	Check highest level attained: <input type="checkbox"/> Not High School Graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than 2 years college <input type="checkbox"/> 2 or more years college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	
	Other training/Education _____	
	Schools attended: List all applicable	
Assignment Preference	Please list days you are available to substitute and your assignment preferences.	
	Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
	Assignment <input type="checkbox"/> Any campus <input type="checkbox"/> Blessing Elementary <input type="checkbox"/> Markham Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> High School	
Position Data	Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws. It is the applicant's responsibility to understand these rules and laws.)</i>	
	Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Have you been employed by Rule ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One Year (out of state/country): Expiration Date: _____ <input type="checkbox"/> Other: _____ Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____				
Teaching Experience	List teaching experience beginning with most recent years. Attach additional sheets if necessary. Attach resume if available.				
	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		
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 resume 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 number		Supervisor's name and phone number		
	Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history. List any personal reference the district may contact.				
	Full name of reference	School district or name of firm	Mailing address	Position/title	Phone number including area code

General Information	<p>Do you have a relative who is a Rule ISD Board Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name of the relative 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 If yes, please state where, when and the nature of the offense _____ _____ _____</p> <p>(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.)</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 the district is required by Texas Education Code 22.083 to review criminal history record information of substitute teachers.</p> <p>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 Rule Independent School District within a year and still desire to be considered for a position, renewal of the application must be made in writing.</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>



Return application to Superintendent's Office
1100 Union Ave.
Rule, TX 79547
940-997-2521 Office
940-997-2446 Fax

Please note: You will need to provide a copy of your Driver's License and Social Security Card for identification necessary for fingerprinting, which is required by law.

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

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