



RULE INDEPENDENT SCHOOL DISTRICT

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status,

Please return this application to

1100 Union Ave
Rule, Texas 79547
www.rule.esc14.net
Office Phone: (940) 997-2246
Or (940) 997-2521

Email: _____

	Date of Application:	Date Available:
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <i>Last</i> <i>First</i> <i>Middle Initial</i> </div> Current Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>Zip</i> </div> Cell Phone _____ Home 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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Have you been employed by Rule ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____	
Credentials	Credentials included with this application: <input type="checkbox"/> Resume <input type="checkbox"/> All Teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees	

Education / Training	Schools Attended: List all applicable			
	Name and Location	Course of Study Major / Minor	Diploma, Degree, or Certificate	Year Graduated
Certificates	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 the 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	

Please list references the district can contact regarding your work history. List any personal references the district may contact.

Full Name of Reference	School district or Name of firm	Mailing Address	Position/ Title	Phone Number including area code

References

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 contenne) 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 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.)

General Information

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 in 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 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.

Verification

Signature _____

Date _____

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



RULE INDEPENDENT SCHOOL DISTRICT

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 _____
Last First Middle

List Maiden Name and/or other names used _____

Mailing Address _____

Social Security Number _____

Driver's License State and Number _____

Date of Birth _____

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
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"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"/> Meets Criteria
<input type="checkbox"/> Other _____	<input type="checkbox"/> Does Not Meet Criteria

This form will be removed from the application and filed separately in the HR Office

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal 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 method.

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 may be discussed with me.

(This copy must remain on file by this Agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency

Date

Office Use Only

Please: Check and Initial each Applicable Space

CCH Report Printed:

Yes

No

Initial _____

Purpose of CCH: _____

Employee

Initial _____

Volunteer/Contractor

Date Printed: _____ Initial _____

Date Destroyed: _____ Initial _____

Retain in your files