

Application to Substitute Grapeland Independent School District

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><i>Last</i><i>First</i><i>Middle initial</i></div>			
	Current address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><i>Street/Box</i><i>City</i><i>State</i><i>ZIP Code</i></div>			
	Email address: _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)</small>				
Assignment Preference	Please list the days you are available to substitute and your assignment preferences.			
	Day(s) of week <input type="checkbox"/> Every day <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><input type="checkbox"/> Monday<input type="checkbox"/> Tuesday<input type="checkbox"/> Wednesday<input type="checkbox"/> Thursday<input type="checkbox"/> Friday</div>			
	Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Teacher <input type="checkbox"/> Custodian <input type="checkbox"/> Cafeteria <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><input type="checkbox"/> Elementary<input type="checkbox"/> Intermediate<input type="checkbox"/> Secondary<input type="checkbox"/> Special Education</div>			
	Preferred campuses: _____ _____			
Position Data	Credentials included with application for Substitute Teacher:			
	<input type="checkbox"/> Résumé			
	<input type="checkbox"/> All teaching and professional certificates or licenses			
<input type="checkbox"/> All transcripts showing degrees				
Have you been employed by Grapeland ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide dates of employment _____				
Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>

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Certification	<p>Certificates or Licenses Currently Held:</p> <p> <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: _____ </p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>																																											
Teaching Experience	<p>List teaching or work experience beginning with most recent years. Attach additional sheets if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td><td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> <tr> <td>Name and location of school</td><td></td><td>Name and location of school</td><td></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> </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		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	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			
References	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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General Information	<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 record information of substitute teachers.</p> <p>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <div style="text-align: right; margin-top: 20px;"> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div> <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 Dr. David Maass, Superintendent, P.O. Box 249, Grapeland, TX 75844 (936) 687-4619

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public
Safety Secure Website and will be based on name and DOB information I supply. Authority for
this agency to access an individual's criminal history data may be found in Texas Government
Code 411; Subchapter F.

Because the name based information is not an exact search and only fingerprint record
searches represent true identification to criminal history, the organization (as listed below)
conducting the criminal history check is not allowed to discuss any information obtained using
this method, therefore the agency may offer the opportunity to have a fingerprint search
performed to clear any misidentification based on the name search, if the search provides a
criminal report I know could not be mine.

In order to complete the 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 Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofCriminalHistory) 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 the fee in full to the fingerprinting services company.

Once this process is completed and the agency receives the data from DPS, the
information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date of Birth

Today's Date

Grapeland ISD
Agency Name (Please print)

Kristi Streetman
Agency Representative Name (Please print)

Signature of Agency Representative

Date

HR USE ONLY:

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES___ NO___ ___initial

Purpose of CCH: _____

Hire___ Not Hired___ ___initial

Date Printed: _____initial

Destroyed Date: _____initial

Retain in your files

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The GRAPELAND INDEPENDENT SCHOOL DISTRICT, is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: ☐ Male ☐ Female

Ethnicity: ☐ Black ☐ White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature: _____ Date: _____