

**GRANDVIEW INDEPENDENT SCHOOL DISTRICT**

PO Box 310

Grandview, Texas 76050

**Employment Application for Professional Personnel**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related or any other legally protected status.  
An Equal Opportunity Employer

<b>Personal Data</b>	Date of Application _____ Social Security Number _____
	Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>
	Current Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Street/Box</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>
	Other address where you may be reached _____
	Work Phone _____ Home Phone _____
	Email Address _____
	Name used on records if different from present name _____ <small>(To be used for reference checks)</small>

<b>Position Data</b>	College Major _____ Minor _____
	Position for which applying _____
	Credentials included with application <input type="radio"/> Résumé <input type="radio"/> All teaching and professional certificates <input type="radio"/> All transcripts showing degrees
	Date available for position _____
	Former Grandview ISD employee: <input type="radio"/> Yes <input type="radio"/> No If yes, give dates of employment _____

<b>Education / Training</b>	<b>Schools Attended: List all applicable information</b>			
	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated

**Certification**

Type of certificate held now  
 None  
 Valid Texas (Standard, Provisional or Professional)  
 Probationary (Intern in educator preparation program)  
 Texas one-year certificate (out-of-state): Expiration date \_\_\_\_\_  
 State of certification \_\_\_\_\_

Areas of specialization  
 Superintendent  
 Principal / Mid-management  
 Special Education  
 PreK / Kindergarten  
 Elementary  
 EC-4

School Counselor  
 Nurse  
 Librarian  
 4-8  
 8-12  
 EC-12

Vocational (specify) \_\_\_\_\_  
 Areas of certification:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Teaching Experience**

List teaching experience beginning with most recent years

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

Total creditable years \_\_\_\_\_ (Full-time teaching in college, public school or in an accredited private school is creditable)

**Other Work Experience**

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach résumé, if available.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

Professional Data

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

Publications/ articles \_\_\_\_\_

\_\_\_\_\_

Seminars/workshops conducted \_\_\_\_\_

\_\_\_\_\_

Other related professional activities \_\_\_\_\_

\_\_\_\_\_

General Information

Are you aware of any reasons you would not be able to perform the duties of the position for which you are applying?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a relative who is a member of the Grandview ISD Board of Education?  Yes  No If yes, please give the name of relative and relationship. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, and indecency with a minor)?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

(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.)

References

Please list references who may be contacted regarding your work history. Please include all managers/ supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District or Firm Name	Mailing Address	Position or Title	Phone Number

Personal Statement	<p>Please make a statement in your own handwriting concerning your reasons for desiring a position with the Grandview ISD. Use additional sheets of paper if necessary.</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 above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.</p> <p>I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants for employment.</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed two years. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.</p> <p>_____</p> <p>Date Signature</p>

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal 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 identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

CRIMINAL HISTORY INFORMATION REQUEST

Confidential\*

The Grandview 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/Race: \_\_\_\_\_

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

\*This form will be removed from the application and filed separately in the HR office.