An Equal Opportunity Employer*

Dat	te of application					
			•			
, m	Name	First	Λ	Aiddle initial		
Dat:	Mailing address	treet/Box City				
nal	E-mail address			ZIP Code		
Personal Data	Home phone					
Pe	Other name that may appea					
	(Used for certification, reference, and criminal history record checks)					
	List the position(s) for wh	ich you are applying				
	Credentials included with	application:				
ita	☐ Résumé					
Position Data	☐ All teaching and professional certificates or licenses					
sitio	☐ All transcripts showing degrees					
Pos	Date you can begin work					
	Have you been employed	by	ISD in the past?	☐ Yes ☐ No		
	If you answered yes, provide dates of employment					
		T		T		
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated (College only)		
ining						
Education/Trai						
atio						
np						

Certification/Licensure	Certificates or Licenses Currently Held: None Valid Texas Valid Other State Texas One-Year (out-of-state/country): Expiration date: Other: Category/Level(s) of Certification: Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification)					
	List teaching expe	List teaching experience beginning with most recent years.				
	Name and location of school		Name and location of school			
	Type of assignment		Type of assignment			
a	Dates taught		Dates taught			
Experience	Principal's name and phone	P)	Principal's name and phone			
	Reason for leaving		Reason for leaving			
Teaching	Name and location of school		Name and location of school			
T	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			



	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 résumé if available.						
	Employer name and location			Employer no	ame and		
	Position/title held		· · · · · · · · · · · · · · · · · · ·	Position/titl	le held		
9	Dates employed			Dates emple	oyed		
perien	Supervisor's name and phone			Supervisor's and phone	s name		
ork Ex	Reason for leaving			Reason for I	leaving		
Other Work Experience	Employer name and location			Employer na location	ame and		
ō	Position/title held			Position/titl	e held		
	Dates employed			Dates emplo	oyed		
	Supervisor's name and phone			Supervisor's and phone	name		
	Reason for leaving			Reason for l	eaving		
	Please list references the district can contact regarding your work history.						
	Full name of reference	School district/ firm name		Mailing ddress	Positio	on/title	Area code/ phone
References							
Refer							



	Do you have a relative who serves on the Board of Education or is an employee of ISD?						
	☐ Yes ☐ No If yes, please provide the relative's name and relationship:						
General Information	Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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						
	(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.)						
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 sub sequent 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, per sonal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.						
Veri	I understand that the district is required by Texas Education Code to review criminal history of applicants.						
	Signature Date						
	This application becomes the property of the district. The district reserves the right to accept or reject it.						

^{*}Applicants for all positions are considered without regard to race, color, sex (including pregnancy, , sexual orientation or gender identity), 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.



In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.

Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, Scott Burrow, Superintendent, 100 S. Fifth St. Morse, Texas, sburrow@region16.net, 806-733-2507.



Confidential

The Pringle-Morse Consolidated 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.*

Pleas	e print.					
Name	e					
		ast	Fir	st	Middle	
Social	Security N	lumber	Date	Date of birth		
Drive	r's License					
	·	State and I	Number			
Mailir	ng Address					
		Street	City	State	Zip	
Sex:	☐ Male	☐ Female	Ethnicity:	□ Black □ '	White/Other	
deter	mine eligib				inicity will not be used to ose of obtaining crimina	
 Signat	ture					
Date		V C				

[†] This form will be removed from the application and filed separately in the HR office.



^{*} The information requested is required to complete a name-based criminal history information check with the Texas Department of Public Safety.

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

I,	, have been notified that a Computerized Criminal
Histor	APPLICANT of EMPLOYEE NAME (Please print) y (CCH) verification check will be performed by accessing the Texas Department of Public Safety
	e Website and will be based on name and DOB identifiers I supply.

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 <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> 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		

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

Rev. 02/2011

Pre-Employment Checklist

Name:				
All of the following items must be on file with Pringle-Morse to be considered for employment:				
	Completed Application			
	Completed Criminal History Background Check			
	Resume (If Applicable)			
	Original Transcript (Professional Employees)			
	All Teaching & Professional Certificates or Licenses (If Applicable)			
	Copy of Social Security Card			
0	Copy of State Issued I.D. Card/ Driver License			
	Addendum for Bus Driving(If applying for Bus Driver)			