
Name of Applicant

Date

**PROFESSIONAL PERSONNEL
EMPLOYMENT APPLICATION**

**MERIDIAN INDEPENDENT SCHOOL DISTRICT
P. O. Box 349
Meridian, Texas 76665
Phone: (254) 435-2081**

An Equal Opportunity Employer

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

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 a medical condition, disability, or any other protected status.

An Equal Opportunity Employer

Personnel Data

Date of application _____ Social Security number _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Other address where you may be reached _____

Work phone _____ Home phone _____

Other name that may appear on records _____
(Use only for reference checks)

Position Data

List the position(s) you are applying for _____

Credentials included in application

- Resume
- All teaching and professional certificates or licenses
- All transcripts showing degrees

Date you can begin work _____

Have you been employed by Meridian ISD in the past? Yes No

If you answered yes, provide date of employment _____

Education/Training

| Name and location of Schools attended | Course of Study and major/minor | Diploma, degree, certificate, or license held | Year graduated <i>(college only)</i> |
|---------------------------------------|---------------------------------|---|---|
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Certification

Certificate or license currently held:

- None
- Valid Texas
- Valid Other State
- Texas Emergency
- Texas One-year: Expires _____
- Texas Temporary Administrative: Expires _____

Areas of Specialization:

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> All-Level Art | <input type="checkbox"/> Vocational (specify) _____ |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All-Level Health and PE | |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All-Level Music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Midmanagement Adm. | <input type="checkbox"/> Librarian | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary & Kind. | <input type="checkbox"/> Special Education (<i>specify</i>) _____ | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> Secondary (Jr/Sr High) | | |

Teaching Experience

List teaching experience beginning with most recent years.

| Name and location of school | Type of assignment | Dates taught | Reason for leaving |
|--------------------------------|-----------------------|-----------------|--------------------|
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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.

| School District/firm name | Position/title | Dates, employed | Reason for leaving |
|---------------------------|----------------|-----------------|--------------------|
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Professional Data

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/articles published _____

Seminars/workshops conducted _____

Other related professional activities _____

General Information

Do you have a relative who serves on the Meridian ISD Board of Education?

Yes No If yes, please provide the relatives name and relationship: _____

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or 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; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

(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.)

References

Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at you last two employers.

| Full name of Reference | School district/ firm name | Mailing Address | Position/Title | Area Code/ phone number |
|------------------------|-------------------------------|-----------------|----------------|-------------------------------|
|------------------------|-------------------------------|-----------------|----------------|-------------------------------|

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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 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 and otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants selected for employment.

Signature

Date

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 not to exceed 180 days. 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.

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 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 LI 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, LI 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

Destroy Date: _____ ___initial

Retain in your files