

**APPLICATION FOR SUBSTITUTE TEACHER**

**McLEAN INDEPENDENT SCHOOL DISTRICT\***

|                           |  |                                 |  |  |
|---------------------------|--|---------------------------------|--|--|
| Date of application _____ |  |                                 |  |  |
| <b>Personal Data</b>      | Name _____   |                                 |  |  |
|                           | Date of Birth _____ <small><i>Last</i></small> _____ <small><i>First</i></small> _____ <small><i>Middle initial</i></small> _____  | Driver's License # _____        | DL State _____                                   |  |
|                           | Mailing address _____<br><small><i>XX/XX/XXXX</i></small>  |                                 |  |  |
|                           | E-mail address _____   | _____                           | _____  |  |
|                           | Home phone _____   | Cell phone _____                | Other phone _____                                |  |
|                           | Other name that may appear on records _____  |                                 |  |  |
|                           | <small><i>(Used for certification, reference, and criminal history record checks)</i></small><br>Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small><i>(Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)</i></small> |                                 |  |  |
| <b>Assignment</b>         | Please list the days you are available to substitute and your assignment preferences.  |                                 |  |  |
|                           | Day(s) of week <input type="checkbox"/> Every day<br><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday<br>Assignment <input type="checkbox"/> Any assignment<br><input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education<br>Preferred campuses: _____<br>_____                |                                 |  |  |
| <b>Position Data</b>      | Credentials included with application:<br><input type="checkbox"/> Résumé<br><input type="checkbox"/> All teaching and professional certificates or licenses<br><input type="checkbox"/> All transcripts showing degrees   |                                 |  |  |
|                           | Have you been employed by McLean ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered yes, provide dates of employment _____   |                                 |  |  |
| <b>Education/Training</b> | 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<br><small><i>(College only)</i></small> |
|                           |  |                                 |  |  |
|                           |  |                                 |  |  |



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|----------------------|---|
| <b>Certification</b> | <p>Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><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> |
|----------------------|---|

|                            |   |  |                             |  |
|----------------------------|---|--|-----------------------------|--|
| <b>Teaching Experience</b> | List teaching experience beginning with most recent years. Attach additional sheets if necessary. |  |                             |  |
|                            | 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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|                              |   |                               |                             |                            |
|------------------------------|---|-------------------------------|-----------------------------|----------------------------|
| <b>Other Work Experience</b> | 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            |                             |                            |
| <b>References</b>            | List references the district can contact regarding your work history.   |                               |                             |                            |
|                              | Full name of reference  | School district/<br>firm name | Mailing address             | Position/title             |
|                              |   |                               |                             | Area code/<br>phone number |
|                              |   |                               |                             |                            |
|                              |   |                               |                             |                            |

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|                            |   |
|----------------------------|---|
| <b>General Information</b> | <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>   |
| <b>Verification</b>        | <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> <p style="text-align: center;">             _____<br/>             Signature <span style="margin-left: 200px;">_____</span><br/>             Date         </p> <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 Oscar Muniz, Superintendent, (806)779-2301.



# 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 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>                    |               |