## An Equal Opportunity Employer\*

Dat	e of application						
	Name		_				
_g	Name	First		Middle initial			
Data	Mailing addresss	treet/Box City	State	ZIP Code			
nal	E-mail address	<u> </u>					
Personal	Home phone	Cell phone	Other phone				
٩	Other name that may appear on records						
	(Used for certification, reference, and criminal history record checks)						
	List the position(s) for which you are applying						
	Credentials included with						
Ita	☐ Résumé						
Position Data	☐ All teaching and professional certificates or licenses						
itio	☐ All transcripts showing degrees						
Pos	Date you can begin work						
	Have you been employed byISD in the past? ☐ Yes ☐ No						
	If you answered yes, provide dates of employment						
		1		7			
:	Name and location of	Course of study and	Diploma, degree, certificate, or license	Year graduated			
	schools attended	major/minor	granted	(College only)			
ing							
rain							
Education/Trair							
atic							
que							

	Certificates or Licenses Currently Held:			-
Certification/Licensure	□ 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): □ Other: □ Ot			
	List teaching expe	rience beginning with mos	t recent years.	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
e e	Dates taught		Dates taught	
Experience	Principal's name and phone	d	Principal's name and phone	
	Reason for leaving	1	Reason for leaving	1
Teaching	Name and location of school	9	Name and location of school	1
	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.			eld in the past			
	Employer name and location			Employer n	ame and		
	Position/title held			Position/titl	le held		
<u>ම</u>	Dates employed			Dates empl	oyed		
perien	Supervisor's name and phone			Supervisor's and phone	s name		
ork Ex	Reason for leaving	3		Reason for leaving			
Other Work Experience	Employer name and location			Employer n	ame and		
ď	Position/title held			Position/titl	e held		
<u>:</u>	Dates employed			Dates empl	oyed		2
	Supervisor's name and phone			Supervisor's and phone	s name		
	Reason for leaving			Reason for	leaving		
	Please list referenc	es the district can co	ontact	regarding y	our work	history.	
	Full name of reference	School district/ firm name		Mailing ddress	Position	on/title	Area code/ phone
References						,	
Refer							
							J.

	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.)				
	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.				
Verification	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.				

<sup>\*</sup>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, (<u>Larry Mynarcik</u>, Superintendent, 704 Toliver Ave Bynum, TX 76631, Imynarcik@bynumisd.net254.531.2341



#### Confidential

The Bynum 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					
	L	ast	Fi	rst		Middle
Social Security Number			Dat	Date of birth		
Drive	r's License					
		State and N		<del></del>		
Maili	ng Address					
		Street	City	3	itate	Zip
Sex:	☐ Male	☐ Female	Ethnicity:	☐ Black	☐ White/Other	
deter	mine eligib	et the information I a wility for employmen offormation.†				
Signa	ture					
Date					**	

<sup>&</sup>lt;sup>†</sup> This form will be removed from the application and filed separately in the HR office.



<sup>\*</sup> 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 ackn	and adapthat a Commutation of Cuiminal			
I, ackn	owledge that a Computerized Criminal			
History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure				
Website and will be based on name and DOB identifiers I	-			
for this agency to access an individual's criminal history	•			
411; Subchapter F.				
Name-based information is not an exact search a	and only fingerprint record searches represent			
true identification to criminal history, therefore the organi	•			
not allowed to discuss with me any criminal history record information obtained using this method. The				
agency may request that I have a fingerprint search performed to clear any misidentification based or				
the result of the name and DOB search. Once this process is completed the information on my				
fingerprint criminal history record may be discussed with me.				
In order to complete the process I must make a	n appointment with the Fingerprint Applicant			
Services of Texas (FAST) as instructed online at www	w.txdps.state.tx.us /Crime Records/Review of			
Personal Criminal History or by calling the DPS Program	n 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 a fee of \$24.95 to			
the fingerprinting services company.				
(This copy must remain on file by your agen	cy. Required for future DPS Audits)			
Signature of Applicant or Employee	Please:			
	Check and Initial each Applicable Space			
Date	CCH Report Printed:			
	YES NO initial			
Agency Name (Please print)				
	Purpose of CCH:			
Agency Representative Name (Please print)	Empl Vol/Contractor initial			
	Date Printed: initial			
Signature of Agency Representative	Destroyed Date: initial			

Date

Rev. 09/2013

Retain in your files

#### Pre-Employment Affidavit for Applicant (No Notarization)

For purposes of this affidavit:

**Adjudication** and **conviction** refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:
I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be <b>false</b> . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be <b>true</b> . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
Declaration of Applicant
The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001.
I declare under penalty of perjury that the foregoing is true and correct.
Name (First, Middle, Last)  Date of Birth
Address (Street, City, State, Zip Code) County
Executed in County, State of, on the day of,
County State Date Month Year
(Signature of Declarant)
I understand that the date of birth I am providing will not be used to determine eligibility for employment but
will be used solely for the purpose of this unsworn declaration.*

Approved by the Texas Commissioner of Education, May 2020.