

SPURGER INDEPENDENT SCHOOL DISTRICT
P.O. Box 38, Hwy. 92 North
Spurger, Texas 77660
(409) 429-3464
Fax - (409) 429-3770

Substitute Application

NAME _____ DATE _____

SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER _____ WORK _____

NAME USED ON RECORDS IF DIFFERENT FROM PRESENT NAME _____

SUBSTITUTE POSITION APPLIED FOR _____

EDUCATION TRAINING

EDUCATION/TRAINING (Check highest level attained)

_____ Not high school graduate (Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11)

_____ High School graduate _____ GED

_____ Two or more years college _____ Bachelor's Degree

_____ Master's Degree _____ Other training or education

Licenses/Certifications held _____

NON-TEACHING EXPERIENCE

List all employment since high school and any special training that you have

Position	Firm or Agency	Location	Dates	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If available, please attach your resume stating responsibilities in more detail.

ADDITIONAL INFORMATION

1. Do you have a relative who is a member of the Spurger ISD Board of Trustees?
_____ Yes _____ No If yes, provide name and relationship. _____
2. Do you have any physical or mental impairments which would interfere with your ability to perform the job for which you have applied? _____ Yes _____ No If yes, please explain. _____
3. Have you ever been a member of the armed services of the United States?

_____ Yes _____ No If yes, does this experience have any relationship to the job for which you are applying? _____

4. Have you ever been convicted of 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: _____

5. Have you ever been involuntarily terminated or asked to resign from any employment? _____ Yes _____ No

REFERENCES

Give names previous employers who may be contacted regarding your work history.

Name of Reference	School District/Firm	Address	Position	Phone
-------------------	----------------------	---------	----------	-------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATEMENT

MUST BE COMPLETED BY EACH APPLICANT. Please make a statement in your own handwriting concerning your reasons for desiring a substitute position with the Spurger Independent school District.

VERIFICATION

READ CAREFULLY BEFORE SIGNING:

I hereby affirm that the 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 and any 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 same to you.

I understand that the district is required by Texas Education Code Sec. 21.197 to obtain criminal history record information on applicants selected for employment.

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 24 months. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are accepted at that time.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date of interview _____ Request papers _____

Interviewed by _____ Papers received _____

Comments _____

We consider applicants for all positions without regard to race, color, national origin, sex, marital status, veteran, or military status, the presence of a medical condition, disability, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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: _____	
Hired _____ Not Hired _____	_____ initial
Date Printed: ____ / ____ / ____	_____ initial
Destroyed Date: ____ / ____ / ____	_____ initial
Retain in your files	