

**PROFESSIONAL STAFF APPLICATION**

**MUMFORD INDEPENDENT SCHOOL DISTRICT**

9755 FM Rd 50 Mumford, TX 77807 (979)279-3678

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap.

An Equal Opportunity Employer  
(Please Print or Type)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State Zip

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Position Desired**

Field/	Grade Level	No. Years Exp.	Semester Hours
1 <sup>st</sup> Choice			
2 <sup>nd</sup> Choice			
3 <sup>rd</sup> Choice			

Total Years Experience \_\_\_\_\_

Have you every filed an application with our School before? \_\_\_\_\_

If yes, give date \_\_\_\_\_ and position applied for \_\_\_\_\_

Are you presently under contract with any school district for the next school year? \_\_\_\_\_

This application will remain on file for one year from the date of application only; it must be renewed if further consideration for a position is desired.

**EDUCATION**

School	Name	Location (City & State)	Dates Attended	Diploma or Degree	Grade

A college transcript is required before consideration can be given to your employment. It should include all courses completed at the time of the application.

**CERTIFICATION**

Kind of state Certificate held \_\_\_\_\_  
 If certified in another state, indicate which state and type of certificate held.  
 \_\_\_\_\_

**Elementary Candidates**  
 List endorsements to your  
 State certificate below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Secondary Candidates**  
 Certified teaching fields:

_____	Sem. Hrs. _____
_____	Sem. Hrs. _____
_____	Sem. Hrs. _____

**Administrative Candidates**

_____	Sem. Hrs. _____
_____	Sem. Hrs. _____
_____	Sem. Hrs. _____

Area of Specialization:  
 \_\_\_\_\_  
 (Must have at least 18 hrs)

**If applicant for middle or high school position, furnish the following information:**  
 Number of semester hours you have earned in:

Business	(Total) _____	Foreign Lang.	(Total) _____	Math	(Total) _____
Science	(Total) _____	Vocational	(Total) _____	English	(Total) _____
Speech	(Total) _____	Journalism	(Total) _____	Reading	(Total) _____
Art	(Total) _____	Drama	(Total) _____	Music	(Total) _____
Industrial Arts	(Total) _____	Social Studies	(Total) _____	Physical Ed	(Total) _____
Health	(Total) _____				

**If applicant for elementary teaching position furnish the following information:**  
 Number of semester hours you have earned in:

_____ Elementary Ed.	_____ Mathematics	_____ Music	_____ Health
_____ Reading	_____ Social Studies	_____ Art	_____ Other
_____ English	_____ Science	_____ P.E.	_____

**TEACHING/SCHOOL RELATED WORK EXPERIENCE**

List most recent experience first. Include student teaching if less than 3 years experience. Use separate sheet if necessary. Indicate any skills, experiences, or training (military, on-the-job, or other) you have received which will assist the District in placing you.

From	To	Number of Years	Name and Address of Employer	Principal/ or Immediate Supervisor	Grade or Subject Taught or Type of Job

**PROFESSIONAL REFERENCES**

(Those who have not taught or those who have taught for only on principal must list student teaching information.) Please list those whom we may contact even if they are the same as those on file with your college placement office.

**Teachers without experience complete this section**

Name	Number	Street Address	City	State	Zip
College Supervisor of Student Teaching.					
Coordination Teacher-Pub.Sch.					
Coordinating Teacher-Pub.Sch.					

**Teachers with experience complete this section**

Include references from last five positions. If more than one position in the same school system, list each.

Full name of reference	Position	School Address				
		Number	Street	City	State	Zip

If you have a relative who works for this District or who serves as a member of the Board of Trustees, please give the name and address.

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College or University where your Placement File may be obtained: \_\_\_\_\_

Is your file at your college or university up-to-date? \_\_\_\_\_

Have you requested that it be sent to us? \_\_\_\_\_

**Moral turpitude is an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling, and indecency with a minor.**

Have you ever been convicted of a felony or any offense involving moral turpitude? \_\_\_\_yes \_\_\_\_no

If yes, please explain \_\_\_\_\_

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Have you ever been convicted of a felony or any offense involving moral turpitude and received deferred adjudication or probation? \_\_\_\_yes \_\_\_\_no

If yes, please explain \_\_\_\_\_

**(Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offence, the date of the offense, and the relationship between the offense and the position for which you are applying.)**

(Questions do not apply to those graduating this year)

Why do you desire to leave your present position, or why did you leave you last position? \_\_\_\_\_

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Have you ever been involuntarily terminated from another school district? \_\_\_\_yes \_\_\_\_no

If yes, please give the name of the district, the date, and the reasons for termination. \_\_\_\_\_

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Are you aware of any reasons you would not be able to perform the duties of the position for which you are making application? \_\_\_\_yes \_\_\_\_no If yes please explain. \_\_\_\_\_

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#### AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District.

\_\_\_\_\_  
Signature of Applicant

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

\_\_\_\_\_  
Signature of Applicant

# DPS Computerized Criminal History (CCH) Verification

Mumford Independent School District

I, \_\_\_\_\_, acknowledge 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 supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

APPLICANT or EMPLOYEE NAME (Please print)

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is 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 on 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 an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History or by calling the DPS Program 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 agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Mumford Independent School District  
Agency Name (Please Print)

\_\_\_\_\_  
Agency Representative Name (Please Print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES ____ NO ____	____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
<b>Retain in your files</b>	