An Equal Opportunity Employer*

Dat	e of application							
	Name	First		and the initial				
	Mailing address		IV	1iddle initial				
ata	S	treet/Box City	State Z	IP Code				
Ö	E-mail address							
ona	Home phoneOther phone							
Personal Data	Other name that may appea	Other name that may appear on records						
Δ.	(Used for certification, reference, and		_					
	Are you receiving Teacher R							
	Are you employed as a part (Required to determine if the dist	• • •						
			, , ,	<u>, </u>				
	List the position(s) for whi	ich you are applying						
	Credentials included with	application:						
亞	☐ Résumé							
Position Data	☐ All teaching and professional certificates or licenses							
tion	☐ All transcripts showing degrees							
osit								
								
	Have you been employed by Alto ISD in the past? ☐ Yes ☐ No If you answered yes, provide dates of employment							
			Diploma, degree,	Year				
	Name and location of	Course of study and	certificate, or license	graduated				
ing	schools attended	major/minor	granted	(College only)				
Education/Training								
n/Tr								
atio								
nce								
🖺								



Certification/Licensure	☐ Other: Category/Level(s)	State Year (out-o	of-state/country cation:): Expiration date: _ icates/Endorsement		
	List teaching expe Name and location of school	rience beg	ginning with mos	Name and location of school		
Experience	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			
Teaching	Name and location of school		Name and location of school			
ř	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 10 years. Attach ad	=		-	-		eld in the past
	Employer name and location			Employer na location	ame and		
	Position/title held			Position/titl	e held		
e e	Dates employed			Dates emplo	oyed		
oerieno	Supervisor's name and phone			Supervisor's and phone	name		
ork Exp	Reason for leaving	ng		Reason for leaving			
Other Work Experience	Employer name and location			Employer na location	ame and		
ō	Position/title held			Position/title held			
	Dates employed			Dates emplo	oyed		
	Supervisor's name and phone			Supervisor's and phone	name		
	Reason for leaving			Reason for I	eaving		
	Please list references the district can contact regarding your work history.						
	Full name of reference	School district/ firm name		Mailing ddress	Positi	on/title	Area code/ phone
seoue							
References							



	Do you have a relative who serves on the Board of Education or is an employee of Alto 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				
Gel	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.				

^{*}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,

Paula Low
Title IX Director
936-858-7101
244 CR 2429
Alto, Tx 75925
plow@alto.esc7.net



ALTO ISD CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Alto 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					
		ast		irst		Middle
Socia	Security N	lumber	Da	Date of birth		
Drive	r's License					
		State and N				
Maili	ng Address					
		Street	City	9	State	Zip
Sex:	☐ Male	☐ Female	Ethnicity:	☐ Black	☐ White/Other	
deter	mine eligib	at the information I a pility for employmen oformation.†				
 Signa	ture					
Date						

[†] This form will be removed from the application and filed separately in the HR office.



^{*} 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)

(AGENCI COFI)	
I,, acknowledge that a Computerized Criminal	
APPLICANT or EMPLOYEE NAME (Please print)	
History (CCH) check may be performed by accessing the Texas Department of Public Safety Sec	ure
Website and may be based on <u>name and DOB</u> identifiers. (This is not a consent form, but serves	as
information for the applicant.) Authority for this agency to access an individual's criminal history d	lata
may be found in Texas Government Code 411; Subchapter F.	
Name-based information is not an exact search and only fingerprint record searches repres	ent
true identification to criminal history record information (CHRI), therefore the organization conduct	ing
the criminal history check is not allowed to discuss with me any CHRI obtained using the name a	<u>and</u>
<u>DOB</u> method. The agency may request that I also have a fingerprint search performed to clear a	any
misidentification based on the result of the <u>name and DOB</u> search.	
In order to complete the fingerprint process I must make an appointment with the Fingerprint	rint
Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Cri	ime
Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-20	80,
submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and I	pay
a fee of \$25.00 to the fingerprinting services company.	
Once this process is completed the information on my fingerprint criminal history record may	be be
discussed with me.	
(This copy must remain on file by this agency. Required for future DPS Audits))
Signature of Applicant or Employee (optional) Please:	
Check and Initial each Applicable Space	
Date CCH Report Printed:	
YES NO ini	itial
Agency Name (Please print) Purpose of CCH:	
Agency Representative Traine (1 lease print)	itial
	itial
Signature of Agency Representative Destroyed Date: ini	itial
Retain in your files	

Date

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	declar	e the	· fol	lowing:

dec	la	re the following:					
C)	I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.					
C	 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 <u>false</u>. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:						
C	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 true . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:						
Decl	 ar	ation of Applicant					
a pre 132.0	?-е 90.	lowing affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for mployment affidavit, in accordance with Texas Civil Practices and Remedies Code section 1. The under penalty of perjury that the foregoing is true and correct.					
Nam	e (First, Middle, Last) Date of Birth					
Addr	es	s (Street, City, State, Zip Code) County					
Exec	ut	ed in County, State of, on the day of,					
		County State Date Month Year					
Sign	at	cure of Declarant)					
		stand that the date of birth I am providing will not be used to determine eligibility for employment but used solely for the purpose of this unsworn declaration.*					

^{*}This form will be processed separately and not shared with the hiring manager.