



Cayuga ISD

Employment Application Packet for Professional Personnel

Thank you for applying to join the Wildcat Family!

Please make sure you complete all the following forms in this application packet.

- Employment Application for Professional Personnel
- Pre-Employment Affidavit
- DPS Computerized Criminal History Verification
- Criminal History Information Addendum

**WE CAN NOT PROCESS YOUR APPLICATION WITHOUT THESE FORMS COMPLETED.
These forms are fillable but you must PRINT and SIGN these forms.**

You may scan and email this packet back to:
jgonzales@cayugaisd.com

You may mail completed forms to:
CAYUGA ISD
Attn: HR Coordinator
P. O. BOX 427
CAYUGA, TEXAS 75832

You may return these forms to
Cayuga ISD Administration office located at
17750 N. US Hwy 287
Tennessee Colony, TX 75861
Use the High School Entrance and the
Administration office is the first door to the left.



We consider applicants for all positions without regard to race, color, national origin, religion, sex, marital, or veteran status, the presence of medical condition, disability, or any other legally protected status.
Cayuga ISD is an Equal Opportunity Employer

FIRST NAME	MIDDLE INITIAL	LAST NAME	MAIDEN NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICAL ADDRESS		CITY	STATE ZIPCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
MAILING ADDRESS		CITY	STATE ZIPCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
CELL PHONE	HOME PHONE	CURRENT EMPLOYER	WORK PHONE W/ EXT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER NAMES THAT MAY APPEAR ON RECORDS (TO BE USED FOR REFERENCE CHECKS)			
<input type="text"/>			

LIST THE POSITIONS FOR WHICH YOU ARE APPLYING

DATE YOU CAN BEGIN WORK

CREDENTIALS INCLUDED WITH APPLICATION RESUME TEACHING AND PROFESSIONAL CERT. OR LICENSE (FRONT AND BACK ,IF APPLICABLE) TRANSCRIPTS SHOWING DEGREES

HAVE YOU EVER BEEN EMPLOYED BY CAYUGA ISD? NO YES

IF YES PLEASE LIST DATES OF PREVIOUS EMPLOYMENT

DO YOU HAVE A RELATIVE WHO IS A MEMBER OF THE CAYUGA ISD BOARD OF TRUSTEES? NO YES

IF YES PLEASE PROVIDE THE NAME OF RELATIVE AND THE RELATIONSHIP

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR NO CONTEST (NOLO CONTENDERE) OR RECEIVED PROBATION, SUSPENSION, OR DEFERRED ADJUDICATION FOR A FELONY OR OFFENSE INVOLVING MORAL TURPITUDE (INCLUDING, BUT NOT LIMITED TO, THEFT, RAPE, MURDER, SWINDLING, OR INDECENCY WITH A MINOR)? NO YES

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.



CERTIFICATES OR LICENSE CURRENTLY HELD

NONE
 VALID TEXAS
 VALID OTHER STATE
 EMERGENCY (TEXAS ONLY)

TEXAS ONE-YEAR CERTIFICATE EXPIRES ON :

TEXAS TEMPORARY ADMINISTRATIVE EXPIRES ON :

AREAS OF SPECIALIZATION

- | | | |
|--|--|--|
| <input type="checkbox"/> ADMINISTRATOR | <input type="checkbox"/> ALL LEVEL ART | <input type="checkbox"/> NURSE |
| <input type="checkbox"/> SUPERINTENDENT | <input type="checkbox"/> ALL LEVEL HEALTH AND PE | <input type="checkbox"/> VISITING TEACHER |
| <input type="checkbox"/> PRINCIPAL | <input type="checkbox"/> ALL LEVEL MUSIC | <input type="checkbox"/> SUPERVISOR |
| <input type="checkbox"/> MID-MANAGEMENT ADMINISTRATION | <input type="checkbox"/> LIBRARIAN | <input type="checkbox"/> VOCATIONAL (SPECIFY) <input type="text"/> |
| <input type="checkbox"/> ELEMENTARY | <input type="checkbox"/> COUNSELOR | <input type="checkbox"/> OTHER (SPECIFY) <input type="text"/> |
| <input type="checkbox"/> ELEMENTARY AND KINDERGARTEN | <input type="checkbox"/> SPECIAL EDUCATION | <input type="checkbox"/> OTHER (SPECIFY) <input type="text"/> |
| <input type="checkbox"/> SECONDARY - JR. AND SR. HIGH (SPECIFY) <input type="text"/> | | <input type="checkbox"/> OTHER (SPECIFY) <input type="text"/> |

TEACHING EXPERIENCE

NAME AND LOCATION OF SCHOOL	COURSES OR TYPES OF ASSIGNMENTS	DATES TAUGHT	REASON FOR LEAVING

OTHER WORK EXPERIENCE

SCHOOL DISTRICT / FIRM NAME	POSITION / TITLE	DATES EMPLOYED	REASON FOR LEAVING



APPLICANT NAME

PROFESSIONAL DATA

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

PAPERS / ARTICLES PUBLISHED

[Blank area for listing papers or articles published]

SEMINARS / WORKSHOPS CONDUCTED

[Blank area for listing seminars or workshops conducted]

OTHER RELATED PROFESSIONAL ACTIVITIES

[Blank area for listing other related professional activities]

REFERENCES

Please list references the District may contact regarding your work history, include all managers and supervisors who evaluated or supervised your performance at your last two employers.

FULL NAME OF REFERENCE	SCHOOL DISTRICT / FIRM NAME	MAILING ADDRESS	POSITION /TITLE	AREA CODE / PHONE NUMBER

AUTHORIZATION AND ACKNOWLEDGEMENT

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. 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. I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ. 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 one year from application date. If you have not received a response during this time period, you may reapply or reactivate your application.

SIGNATURE OF APPLICANT

DATE

[Blank area for signature]

[Blank area for date]



Pre-Employment Affidavit for Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:

- Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendere), 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 false. 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 true. 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 TEXAS, ON THE DATE DAY OF 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.*

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



CAYUGA ISD

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

Rev. 09/2015

I, _____,
Applicant or Employee Name (Print)

acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB 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 data may be found in Texas Government Code 411; Subchapter F. Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

SIGNATURE OF APPLICANT OR EMPLOYEE (OPTIONAL)

DATE

AGENCY NAME (PRINT)

AGENCY REPRESENTATIVE NAME (PRINT)

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

PLEASE CHECK AND INITIAL EACH APPLICABLE SPACE

CCH REPORT PRINTED: YES NO

_____ INITIAL

PURPOSE OF CCH: _____

_____ INITIAL

EMPLOYEE VOLUNTEER / CONTRACTOR

_____ INITIAL

DATE PRINTED: _____

_____ INITIAL

DESTROYED DATE: _____

_____ INITIAL

RETAIN IN YOUR FILES



CONFIDENTIAL

The Texas Education Code Section §22.083 (b) authorizes Cayuga ISD to obtain criminal history record information on applicants being considered for employment with the District. The information requested below is necessary to obtain criminal history record information.

NAME (LAST, FIRST, MIDDLE)			SEX		
[REDACTED]			<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH			
[REDACTED]		[REDACTED]			
ETHNICITY	<input type="checkbox"/> INDIAN	<input type="checkbox"/> ASIAN/OTHER	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> WHITE
DRIVERS LICENSE NUMBER		STATE	EXPIRATION DATE	CLASS TYPE (A,B,C,OTHER)	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	

I hereby authorize all persons, schools, organizations, credit bureaus, and law enforcement agencies to supply Cayuga ISD with any information concerning my background in connection with employment consideration, and I do release them from any liability and responsibility arising from doing so.

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

SIGNATURE OF APPLICANT OR EMPLOYEE		DATE
[REDACTED]		[REDACTED]
PHONE NUMBER	EMAIL	
[REDACTED]	[REDACTED]	