

Howe Independent School District

105 W Tutt St.
Howe, TX 75459
903.745.4000
Fax: 903.745.4001

Employment Application for Substitute, Paraprofessional, Custodian, Bus Driver, Maintenance or Cafeteria Personnel

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability or any other legally protected status.

Date of application _____ Date Available _____ Social Security Number _____

Name _____
Last First Middle Initial

Other name(s) that may appear on records _____
(Used for certification, reference, and criminal history record checks)

Are you legally entitled to work in the United States? Yes No U.S. Citizen: Yes No

Present Address: _____ Permanent Address (If Different): _____
Street _____ Street _____
City _____ City _____
State _____ Zip Code _____ State _____ Zip Code _____
E-Mail Address _____
Work Phone _____ Home Phone _____ Cell Phone _____

Education

High School _____ Location _____

Vocational/Trade School/ Others Attended	City, State	Degree/Certificate	Date Earned MM/DD/YY

Certification Status (If a Certified Teacher)

- Texas Provisional Texas Professional
 Texas 1 year Permit Other State
 Texas Standard Renewable None

Select Type of Certificate (If a Certified Teacher)

- Complete Texas Certification Applied for Texas Certification Out of State Certification Alternative Certification
 Applying for Alternative Certification Texas Emergency Certificate Certification exams (not completed)

An Equal Opportunity Employer

Howe Independent School District

Position Applying For

List the position(s) applying for: _____

Type of Employment Full-time Part-time

Specific Skills

List specific skills and any machines or equipment you can operate. Include number of year's experience.

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Public School Work/Subbing Experience (List in Chronological Order – Most Recent First)

From Mo. Yr.		To Mo. Yr.		No. of Years F/T P/T		School Name With Address	Name of Supervisor Title/Telephone Number	Grade or Subject Taught	Reason For Leaving

Non School Experience (List in Chronological Order – Most Recent First)

From Mo. Yr.		To Mo. Yr.		Employer's Name, Address, Telephone w/Area Code	Supervisor	Position (Brief Description)	Salary/ Rate of Pay	Reason For Leaving

Have you ever been discharged from any employment, had a contract of employment non-renewed, been asked to resign from your employment or resigned from employment in lieu of discharge or non-renewal? Yes No

If yes, provide a full description of the circumstances of the discharge, non-renewal or resignation _____

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References (please print)

Applicants are required to furnish at least four references. Applicants with teaching experience should include superintendents, principals and teachers as references. Beginning teacher applicants should include college instructors and public school supervisory teachers. Please do not list relatives.

Howe Independent School District interprets the Open Records Law to read as follows: (1) an applicant will not be given the opportunity to see written references or recommendations; (2) pre-employment references or recommendations will not be considered part of the employee's personnel file. Place an asterisk beside any reference not to be contacted at the present time and indicate the time that a contact may be made.

Full Name of Reference	Place of Employment/Position	Phone/Fax Number	Address	City, State, Zip

Miscellaneous Information

List relatives employed by Howe ISD or members of the Howe ISD Board of Trustees (include relationship).

Have you ever been convicted of a crime or received deferred adjudication, probation or other deferred ruling for any crime (excluding minor traffic violations)? Yes No

If yes, provide complete details, including the date of conviction and incarceration, if any, and disposition, including any suspended sentence, fine probation, deferred adjudication or similar disposition. Conviction of a crime is not an absolute bar to employment. All relevant circumstances, such as how long ago the conviction occurred and the crime involved, will be considered in relation to specific job requirements. Howe ISD conducts a criminal history check on all applicants for hire. Failure to fully disclose your criminal history, if any, will preclude further consideration of your application for employment.

Have you ever been a substitute with our District before? Yes No

If yes, give date(s) you were a substitute for Howe ISD _____

Have you filed an application with our District before? Yes No

If yes, give date(s) and position(s) applied for _____

Do you possess a certificate of any kind that is currently suspended, revoked or pending such action in any state?

Yes No

If yes, which state? _____

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EMPLOYMENT

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)

Please attach copy of driver's license

Date Drivers License # D.L. State

Last Name First Name Middle Name

Maiden and/or Other Last Names Used

Current Mailing Address

City County State Zip Code

Date of Birth Social Security Number Sex Race

I, _____ am applicant for employment with HOWE ISD and have been advised that as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal record history (if any) with descriptions to any questions with a YES answer.

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense? (Excluding minor traffic violations) If YES, please provide an explanation below: YES NO

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? If YES, please provide an explanation below: YES NO

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? If YES, please provide an explanation below: YES NO

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4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States:

If YES, please provide an explanation below:

YES NO

5. As of the date of this authorization, do you have any pending criminal charges against you?

If, YES, please provide an explanation below:

YES NO

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR UPON HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATE OF RESIDENCE.

CITY / TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT IS GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____

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ECOS UPLOAD FORM

****FILL IN NAME EXACTLY AS INDICATED ON YOUR DRIVERS LICENSE***

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY #

D.L. STATE

D.L. NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

MO.

DAY

YEAR

DATE OF BIRTH

PHONE
NUMBER

CURRENT EMAIL ADDRESS

HAVE YOU BEEN FINGERPRINTED FOR A PUBLIC SCHOOL DISTRICT ? YES NO (CIRCLE ONE)

ARE YOU CERTIFIED THROUGH SBEC? YES NO (CIRCLE ONE)

SIGNATURE

PLEASE READ

SENATE BILL 9 REQUIRES DISTRICT EMPLOYEES AND SUBSTITUTES TO BE FINGERPRINTED .

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