



# Walnut Springs ISD

PO Box 63

PH 254-797-2132 or 254-797-2133

Walnut Springs, TX 76690

**Superintendent**  
Pat Garrett

**Principals**  
Lonnie Flippen & Christy Halbert

## **Employment Application for Para Professional Personnel and Substitute Teaching**

*Walnut Springs I.S.D. does not discriminate on the basis of race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status in the educational programs and activities which it operates.*

### **PERSONAL DATA**

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Email: \_\_\_\_\_

Current Address:

STREET/BOX CITY STATE ZIP

Other Address

Where You May Be

Reached: STREET/BOX CITY STATE ZIP

Preferred Phone Contact: \_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name Used On Records If Different From Present Name: \_\_\_\_\_

### **POSITION DATA**

Position For Which You Are Applying \_\_\_\_\_ Date Available for employment \_\_\_\_\_

Former WSISD Employee? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes Dates of Employment \_\_\_\_\_

### **EDUCATION/TRAINING**

Schools Attended: List All Applicable Information

Name Of School And Location	Course of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated (College Only)

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## GENERAL INFORMATION

Do you have a relative who is a member of the Walnut Springs ISD Board of Education? Yes \_\_\_\_ No \_\_\_\_

If yes, please give the name of the relative and the relationship. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication: Yes \_\_\_\_ No \_\_\_\_

If yes, please state where, when, and the nature of the offense. \_\_\_\_\_

*(Conviction of a felony 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.)*

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## WORK EXPERIENCE

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. **OPTIONAL: ATTACH RESUME.**

School District/Firm Name	Position/Title	Dates Employed	REASON FOR LEAVING

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## REFERENCES

Please list below references that may be contacted regarding your work history. Please include all managers / supervisors at the last two employing organizations who evaluated or supervised your work experience. ***If all of this information is listed in your resume, please indicate below and do not replicate data. However, we must have ALL the information.***

Full Name of Reference	School District or Firm Name	Mailing Address	Position/ Title	AC / Phone #

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## VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I 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 same to you.

I understand that the district is required by Texas Education Code 22.083 to obtain criminal history record information on applications 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 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

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**Signature of Applicant**

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**Date**



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## *Addendum to Application*

*We consider Applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or Veteran status, the presence of a medical condition, disability, or any other legally protected status.*

### **CONFIDENTIAL**

THE WALNUT SPRINGS INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT WITH THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083)

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION AND WILL NOT BE USED IN ANY MANNER RELATED TO DETERMINING THE ELIGIBILITY FOR EMPLOYMENT WITH THE DISTRICT.

Full Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Sex: ☐ Male  
☐ Female

Ethnicity: ☐ Black  
☐ Hispanic  
☐ Other  
☐ White

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

\_\_\_\_\_  
*Date*

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

I, \_\_\_\_\_, have been notified that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 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

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
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: \_\_\_\_\_

Hire \_\_\_\_\_ Not Hired \_\_\_\_\_ Initial \_\_\_\_\_

Date Printed: \_\_\_\_\_ initial \_\_\_\_\_

Destroyed Date: \_\_\_\_\_ initial \_\_\_\_\_

**Retain in your files**

## Pre-Employment Affidavit for Applicant

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: (please initial by the correct response below)

\_\_\_\_\_ 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 1 32.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

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 \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_  
County State Date 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. Approved by the Texas Commissioner of Education, October 2017.