

# WELLMAN-UNION INDEPENDENT SCHOOL DISTRICT

P.O. Box 69  
Wellman, TX 79378  
Phone: 806-637-4910

## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. Wellman-Union ISD is an equal opportunity employer.

### I. Personal Data

Date of Application			Date Available			Social Security Number														
Month	Day	Year	Month	Day	Year															

• Name \_\_\_\_\_  
Last
First
Middle

• Mailing Address \_\_\_\_\_  
Street/Box
City
State
Zip

• Physical Address \_\_\_\_\_  
Street/Box
City
State
Zip

• Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

• E-mail Address \_\_\_\_\_

• Type of position(s) for which you are applying: \_\_\_\_\_

• Credentials included with application:

- Resume     All teaching and professional certificates(front and back if applicable)
- All transcripts showing degrees                       Highly Qualified Documentation
- Previous year(s) evaluation summary

### II. Education/Training

College or University	Dates	Major Field of Study	Minor Field of Study	Type of Degree	Year Earned

### III. Certification

A. Type of certificate held now:

- None
- Valid Texas
- Valid other state \_\_\_\_\_
- Emergency (Texas)
- Texas one-year certificate which expires \_\_\_\_\_  
Mo Yr
- Texas temporary administrative which expires \_\_\_\_\_  
Mo Yr

B. Areas of specialization

- Administrator
- Superintendent
- Principal
- Mid-Management Administrator
- Elementary
- Elementary and Kindergarten
- Secondary (junior and senior high)
- All level art
- All level health and PE
- All level music
- Librarian
- Counselor
- Special Education \_\_\_\_\_  
specify
- Vocational \_\_\_\_\_  
specify
- Nurse
- Visiting teacher
- Supervisor
- Other \_\_\_\_\_  
specify

### IV. Teaching Experience

School District, University, or Private School	Location City/State	Grades/Subjects Taught	Dates Taught	Reason For Leaving

Total creditable years: \_\_\_\_\_. (This must be filled in. Only teaching full time in college, public school, or in an accredited private school is creditable.)

### V. Other Work Experience

Please write below a complete listing of all other jobs or positions you have held in the past 10 years. (If more space is needed, please attach another sheet of paper.) **Please attach resume**, if available, stating responsibilities in detail.

School District/ Firm Name	Position	Dates Employed	Reason for Leaving

**VI. Professional Data**

- Publications/Articles: \_\_\_\_\_  
\_\_\_\_\_
- Professional organizations and offices: \_\_\_\_\_  
\_\_\_\_\_
- Seminars/Workshops conducted: \_\_\_\_\_  
\_\_\_\_\_
- Other related professional activities: \_\_\_\_\_  
\_\_\_\_\_

**VII. General Information**

Do you have a relative who is either a member of the Wellman-Union ISD Board of Education or who is employed in any capacity in the Wellman-Union ISD?

- YES       NO

If yes, please give the following information:

Name of Relative	Relationship	Position Held

**VIII. Employment References**

Please list below references who may be contacted regarding your work history. (If more space is needed, please attach another sheet of paper.)

School District/ Firm Name	Mailing Address	Area Code/ Phone	Immediate Supervisor	Dates Employed

**IX. Personal Statement**

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Wellman-Union Independent School District.

**X. Verification**

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that, if employed, any falsified information may be considered sufficient cause for dismissal. You are authorized to make an investigation of my education and work history.

Date: \_\_\_\_\_ , \_\_\_\_\_

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

Return the signed application to: Wellman-Union ISD  
P.O. Box 69  
Wellman, TX 79378  
Fax: 806-637-2585

## 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:

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. 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.*

Approved by the Texas Commissioner of Education, October 2017.

*WELLMAN-UNION INDEPENDENT SCHOOL DISTRICT*

P.O. Box 69  
5<sup>th</sup> and Terry St.  
Wellman, TX 79378  
Phone: 806-637-4910  
Fax: 806-637-2585  
<http://wellman.esc17.net>

The Wellman-Union Independent School District is required by state law to obtain criminal history record information on all employees. The district is also required to check driving records on an annual basis.

I understand the information set forth below will be used by the district solely for the purpose of obtaining criminal history records and driving records.

Full Name \_\_\_\_\_  
(print) Last First Middle

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

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity: Anglo \_\_\_\_\_ Other \_\_\_\_\_

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

I understand this form authorizes the District to perform these tasks on a yearly basis as long as I am employed at Wellman-Union ISD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

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

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

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	