



CLARENDON CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Dear Applicant:

We appreciate your interest in a position with the Clarendon Consolidated Independent School District. The following information is provided to help you in completing the enclosed Paraprofessional Application.

General Information

1. All information requested on the application form should be filled out completely and signed by the applicant.
2. A copy of your high school diploma, GED, or transcript must be **enclosed** as proof of your education.
3. References must be listed as requested. Include full names, title, telephone numbers with area codes, and correct addresses with zip codes for all references.

Applications must be returned to the Clarendon Consolidated Independent School District Administration Office at 416 South Allen between the hours of 8:30 a.m. and 4:30 p.m. or mailed to P.O. Box 610, Clarendon, TX 79226.

If there is not an immediate vacancy for which you are qualified, your application will receive consideration as vacancies occur. This application becomes the property of the District. The District reserves the right to accept it or reject it. This application shall be considered for twelve months. You will need to reactivate your application after twelve months for continued consideration.

IMPORTANT INFORMATION FOR APPLICANTS INTERESTED IN BECOMING A CERTIFIED TEACHER

For more information about becoming a certified teacher in Texas contact the following:

- State Board of Educator Certification (SBEC): 888-863-5880
www.sbec.state.tx.us
- Local teacher certification institutions:
 - West Texas A&M University: 806-651-2909
 - Wayland Baptist University - Lubbock: 806-785-9285
 - Plainview: 806-296-4730
 - Lubbock Christian University: 806-796-8800
 - Texas Tech University: 806-742-2377
- Texas Higher Education Coordinating Board
Information about funding for Educational Aides to receive teaching certification is available through the "College Tuition and Partial Fee Exemption Program" at:
Division of Student Services, Kathryn Forde: 800-242-3062, ext. 6457
www.thecb.state.tx.us/Partnerships/teachprep.htm

Revised 4/05



APPLICATION FOR PARAPROFESSIONAL POSITION

CLARENDON C.I.S.D.

416 S. Allen P.O. Box 610 Clarendon, TX 79226 (806) 874-2062

Applicants for paraprofessional positions in the Clarendon C.I.S.D. shall complete this form. Additional information that will give a more accurate estimate of applicant's training, experience, character, and ability may also be included with the application. Completed application should be returned to the above address.

PLEASE PRINT OR TYPE

SECTION I: PERSONAL INFORMATION

Position Desired: _____ Secretarial/Clerical _____ Special Education Aide _____ Library Aide
 _____ Classroom Aide _____ Technology Assistant _____ Health Aide
 _____ Other: _____

 Last Name First Middle

Name used on records if different from present name: _____
 (to be used for certification, criminal history record and reference checks)

 Present Address Street City State Zip Code Telephone ()

 Permanent Address Street City State Zip Code Telephone ()

Personal Email (Required for fingerprinting) _____

Does Clarendon CISD have permission to contact your employer? Yes No

SECTION II: GENERAL INFORMATION

A. Have you been employed by Clarendon CISD in the past? Yes (Please provide dates of employment.) _____
 No

B. Do you have a relative serving on the Clarendon School Board or employed in any capacity?
 Yes No (If yes, please complete information below.)

Name of Relative	Position	Relationship

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.

-- AN EQUAL OPPORTUNITY EMPLOYER --

C. Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

Yes No

If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

(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.)

D. Have you ever been involuntarily terminated or asked to resign from the employment of another school district?

Yes No If yes, please give the name of the district, the date, and the reason for the termination or request for resignation. _____

SECTION III: TRAINING AND EDUCATION - (A high school diploma or its equivalent is required.)

Name of School and Location (Please start with High School Information)	Dates of Attendance	Number of hours earned (for college credit only)	Course of Study Major/Minor Fields or Specialization	GED, Diploma, Degree or Certification	Year Graduated

Are you presently certified as an Educational Aide by the State of Texas?

Yes, I am certified as an _____ No

Please check the following office equipment on which you have work experience.

Typewriter AS 400 Calculator Word Processor
 Computer Copy Machine Other: _____

SECTION IV: WORK EXPERIENCE - Furnish information required by the following section, **beginning with the most recent** and working back.

Date of employment: From _____ to _____ Salary _____
 Name of Employer _____ Employer's Address _____
 Name of Immediate Supervisor _____ Business Phone _____
 Title of Position Held _____ Reason for Leaving _____
 Duties in the position: _____

Date of employment: From _____ to _____ Salary _____
 Name of Employer _____ Employer's Address _____
 Name of Immediate Supervisor _____ Business Phone _____
 Title of Position Held _____ Reason for Leaving _____
 Duties in the position: _____

Date of employment: From _____ to _____ Salary _____
 Name of Employer _____ Employer's Address _____
 Name of Immediate Supervisor _____ Business Phone _____
 Title of Position Held _____ Reason for Leaving _____
 Duties in the position: _____

SECTION V: REFERENCES - List at least five references, especially supervisors and/or managers under whom you have worked, who have first hand knowledge of your character, training, and working ability.

NAME	MAILING ADDRESS include city, state, zip	PHONE (area code)	POSITION

SECTION VI: AGREEMENT - - READ CAREFULLY BEFORE SIGNING.

I certify that all statements made in this application and any attachments are true, accurate, and complete. Any misrepresentation, willful omission, or falsification of information requested in this application shall forfeit my right to be considered for employment and may be used as just cause for dismissal from the Clarendon CISD. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

I hereby authorize the Clarendon CISD to make any investigations of my background deemed necessary. I further authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish records thereon or to deliver any relevant answers or information, and I hereby release all such agencies, firms or individuals and the CCISD, its agents and employees from any and all liability or responsibility arising from furnishing such information. This application becomes the property of the District. The District reserves the right to accept it or reject it. This application shall be considered for twelve months. You need to reactivate your application after twelve months for continued consideration.

I represent to the Clarendon CISD that I have read and fully understand the above application and release.

_____ day of _____, 20 _____
Signature of Applicant

Clarendon Consolidated Independent School District

**416 S. Allen, Box 610
Clarendon, Texas 79226**

(806) 874-2062

Reference Release Form

In order for the Clarendon CISD to comply with the Open Records and Privacy Act, it is necessary for you to complete the reference release form below which allows the District to request references. Your signed release will be attached to the reference forms sent.

I, the undersigned, hereby authorize any individual, former employer, firm, or corporation identified as a reference or employer to answer all questions that may be asked, either orally or written, and provide all information that may be sought in connection with my work habits, character, or skills. I am aware that the information provided is confidential and will not be available to me. I will not hold the individual or organization liable for the information submitted. A copy of this authorization shall be valid as the original.

Name: _____
(Printed)

Date: _____

Signature: _____
(Written)

**CLARENDON C.I.S.D.
Criminal History Record Information**

Read and Sign This Disclosure FIRST

In connection with my employment or application for employment with Clarendon CISD, I understand that CCISD may procure, or cause to be procured, a consumer report, excluding credit information, but including public record information, on me as part of the process of considering my status or candidacy as an employee.

X _____
Signature of Acknowledgment Date

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment with Clarendon Consolidated Independent School District. Therefore, as a part of your application process, you need to complete the following questions:

PLEASE PRINT:

1. Full Name: _____
(Last) (First) (Middle)
2. Any previous/maiden name(s): _____
3. Social Security Number: _____
4. Driver's License Number: _____ State: _____
(If you have an out-of-state license, you will need to complete the criminal history check for out-of-state applicants in addition to this form.)
5. Sex (circle one): M F Race (circle one): White/Other Black Hispanic
6. Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)
7. Mailing Address: _____
(Mailing Address) (City) (State) (Zip)

I hereby authorize Clarendon C.I.S.D. and/or its agent(s) to obtain a complete criminal history record on me. CCISD is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, police departments, the Texas Department of Public Safety, and the Texas Department of Corrections. I also authorize any of these agencies to release information regarding my criminal history.

I understand the information I am providing about age, sex, ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information. I further understand that information from my criminal history or public record report will not be used in violation of any applicable federal or state equal employment opportunity laws.

X _____
Signature of Applicant Date

THIS FORM WILL BE REMOVED FROM THE APPLICATION AND FILED SEPARATELY IN THE ADMINISTRATION OFFICE.

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

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	

(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.