



## CLARENDON CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

416 South Allen  
Clarendon, Texas 79226  
(806) 310-7220 FAX (806) 874-2579

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 application. If you are disabled, please advise the District of any need for reasonable accommodation.

### GENERAL INFORMATION

Application forms are sent to all who request them. If there is not an immediate vacancy for which you are qualified, your application will receive consideration as vacancies occur for a period of ONE YEAR. You will need to reactivate your application after twelve months for continued consideration.

The application becomes the property of the Clarendon Consolidated Independent School District, which reserves the right to accept or reject it. Submission of an application authorizes the school district to contact the references listed on the application for employment from any pertinent source and authorizes any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety as well as the Texas Department of Corrections to furnish the school district any such record.

### APPLICATION FORM

1. All information called for on the **application form** should be filled out accurately, and completely and the application must be signed.
2. **Enclose** a copy of your high school diploma, GED, or transcript.
3. **References** must be listed as requested. Include full names, titles, telephone numbers with area codes, and correct addresses with zip codes for all references. Unsolicited letters of reference are not encouraged. The Administration Office will solicit confidential inquiries from references.
4. Please notify the Administration Office if you have a change of name, address, or telephone number.

### 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](http://www.sbec.state.tx.us)
- Local Teacher Certification Institutions:
  - West Texas A&M University: (806) 651-2909
  - Wayland Baptist University-Lubbock: (806) 785-9285
  - Wayland Baptist University-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 at:  
<https://www.highered.texas.gov/institutional-resources-programs/student-financial-aid-programs/program-resources/exemptions-and-waivers/>



**APPLICATION FOR SUPPORT STAFF  
CLARENDON C.I.S.D.**  
416 South Allen, Texas 79226  
(806) 310-7220 FAX (806) 874-2579

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

**PLEASE PRINT OR TYPE**

**SECTION I: PERSONAL INFORMATION**

Position Desired     Secretarial/Clerical     Paraprofessional     Cafeteria

Substitute                      Campus/Days/Times Available \_\_\_\_\_

Maintenance                       Other \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First                                      Middle

Name used on record if different from present name: \_\_\_\_\_  
(used for certification, criminal history record, and reference checks)

Phone number where messages could be left \_\_\_\_\_  
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 (Employment Dates) \_\_\_\_\_     No
- B. Do you have a relative serving on the Clarendon School Board or employed in any capacity?  
 Yes                       No (If yes, please complete 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 pleaded 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:

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(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 involuntary 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. \_\_\_\_\_

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### SECTION III: TRAINING AND EDUCATION

Name of School and Location (Start with High School)	Dates of Attendance	Hours Earned (College Credit Only)	Course of Study Major/Minor Specialization	GED, Diploma, Degree or Certification	Year Graduated

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

Yes No If yes, under what name \_\_\_\_\_

How many years of experience? \_\_\_\_\_ List the districts you have worked for. \_\_\_\_\_

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Substitutes: Are you a certified teacher by the Texas State Board of Educators?

Yes No If yes, under what name \_\_\_\_\_

Cafeteria: Do you have your food handler's license?

Yes No

Bus Driver: Expiration of current certification training \_\_\_\_\_

Nurse: LVN RN Name on License: \_\_\_\_\_

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

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Title of Position Held: \_\_\_\_\_ Reason of Leaving: \_\_\_\_\_  
 Duties in the position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Title of Position Held: \_\_\_\_\_ Reason of Leaving: \_\_\_\_\_  
 Duties in the position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Title of Position Held: \_\_\_\_\_ Reason of 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 firsthand knowledge of your character, training, and working ability.**

NAME	PHONE NUMBER (Include 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 the application shall forfeit my right to be considered for employment and may be used as just cause for dismissal from 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 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 Clarendon CISD, 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 Clarendon CISD that I have read and fully understand the above application and release.

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signature of Applicant



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**REFERENCE RELEASE FORM**

In order for 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 undersigned, hereby authorize any individual, former employer, firm, or corporation identified as a reference or employer to answer all questions that may be asked, 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.

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Printed Name

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Signature

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Date

**CLARENDON CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

**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: \_\_\_\_\_
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, 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. I further understand that information from my criminal history of 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, \_\_\_\_\_, acknowledge that a Computerized Criminal  
Applicant or Employee Name

History (CCH) verification 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 of 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 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 Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-647-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay an assessment fee to the fingerprinting services company.

Once this process is complete 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

Clarendon CISD  
\_\_\_\_\_  
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 Hires ____	_____ Initial
Date Printed: _____		_____ Initial
Destroyed Date: _____		_____ Initial
<b>Retain in your files</b>		

Pre-Employment Affidavit for Applicant

For purpose 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: \_\_\_\_\_.

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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 \_\_\_\_\_, on the \_\_\_\_\_ date 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.