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LEVELLAND INDEPENDENT SCHOOL DISTRICT

Attn: Jana Dowell, Secretary to Director of Personnel
704 11th Street
Levelland, TX 79336
Phone: (806) 894-9628
Fax: (806) 894-2583
www.levellandisd.net

Dear Applicant:

We are pleased to learn of your interest in the Levelland Independent School District.

Professionally appropriate conduct is required of every employee of this district regardless of the duties or position held. If you complete and return this employment application, the Human Resources Department of this Employer may check a variety of sources, including, but not limited to: official criminal records sources, media sources, social and networking websites, internet logs or blogs, or other internet sources where text, photographic images, audio or video clips, clipart, or other images of any kind or where other similar information is posted. Any information obtained by their Employer will be used solely for the purposes of evaluation of a candidate's qualification and will be confidentially maintained in accordance with Employer policies and state or federal law. If you do not wish to have these sources reviewed, please do not complete this application.

Enclosed is an application and a criminal history records check permission form. In order to make a formal application with the district, it is necessary for you to complete each of the following items:

1. Fill out the entire application form. Provide all information requested.
2. Complete the criminal history records check permission form.
3. Return the completed application along with the criminal history records check permission form to Jana Dowell.

We look forward to receiving your application and thank you for your interest.

INSTRUCTIONS FOR SUBSTITUTE TEACHER APPLICANTS (Fingerprinting Requirement)

Senate Bill 9 (Fingerprint Law) mandates that all non-certified applicants must be fingerprinted before being hired by a public school district after January 1, 2008. Persons seeking employment in the area of **Substitute Teaching** should complete an application for employment. The District will complete the application process as follows prior to hiring an applicant:

CERTIFIED substitute teachers and teacher aides	Any SBEC/TEA certified teacher	FEE: \$52.20	Certified subs pay \$42.25 via credit card or debit card in SBEC online when they access their FAST Fingerprint Pass. At the time of scheduled appointment pay \$9.95 via check or money order to fingerprinting technician	The additional \$2.00 for the \$52.20 charge is accessed by Texas Online as a result of the credit card transaction
NON-CERTIFIED substitute teachers and teacher aides	Anyone who does not hold a certificate issued by SBEC/TEA	FEE: \$50.20	Non-certified subs pay the entire \$50.20 via check or money order to the L1 fingerprint technician at the time of the scheduled appointment	No Additional fee

1. After you complete the fingerprint template information on the following page, the District will phone or e-mail **Non-Certified applicants** and provide a Fingerprint Applicant Services of Texas (FAST PASS) authorization form from the Texas Education Agency (TEA). The District will phone or e-mail **Certified applicants** the instructions to receive their fingerprinting FAST PASS.
2. **Certified and non-certified applicants** will access the DPS Vendor Website @ <http://www.iisfingerprint.com/> to schedule the fingerprinting appointment at L1 Enrollment Services (Allied Compliance Services or Summit Place in Lubbock, TX).
3. **You must present your FAST PASS at your appointment.** The DPS Vendor will then provide you with a Fingerprint FAST PASS Receipt which you will return to the District (superintendent's secretary) as proof that you have completed the fingerprint process
4. The Assistant Superintendent or his/her designee will consider your application for employment as a substitute teacher upon completion of all required paperwork.

Fingerprint Template Information

(Required of all Applicants)

Name (please print): _____
Last Name First Name Middle Name

Social Security Number: _____ / _____ / _____

Drivers License State: _____

Drivers License Number: _____

Mailing Address: _____
Street or P.O. Box # City State Zip Code

Date of Birth: _____ / _____ / _____
(mm) (dd) (yyyy)

Phone Number: (home) _____ (cell) _____

E-Mail Address: (Print Clearly) _____

**Department of Public Safety (DPS) Computerized Criminal History Verification
Form
(AGENCY [Levelland Independent School District] 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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting form (FAST-Fingerprint Applicant Services of Texas) from this agency, make an online appointment, submit a full and complete set of fingerprints and pay the required fee of \$9.95 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

Signature of Agency Representative

____/____/____
Date

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

Employment Application for Substitute Teachers/Substitute Teacher Aides
An Equal Opportunity Employer

Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary. Attach resume if available.			
	Employer and Location	Position/Title	Date Employed	Reason for Leaving

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General Information

Do you have a relative who serves on the Levelland I.S.D. Board of Education? YES NO
 If yes, please provide the relative's name and relationship: _____

Are you physically and mentally able to perform the job(s) for which you are applying?
 YES NO
 If no, please explain.

Have you been asked to resign or been discharged from any position? YES NO
 If yes, explain. _____

Have you ever been convicted of, pled guilty to, or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for 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:

(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.)

References

Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employments.

Full Name of Reference	School District Firm Name	Mailing Address	Position/Title	Area Code & Phone Number

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Citizenship

Are you a U.S. citizen, U.S. national, lawful permanent resident, lawful temporary resident, or refugee? YES NO

Upon hiring, I agree to complete the I-9 form provided by the District.

Date

Signature

Verification

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

I understand that the district is authorized by Texas Educational Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

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 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

Employment Application for Substitute Teachers/Substitute Teacher Aides

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Confidential

Criminal History Record Information Addendum

The Levelland Independent School District is required by state law to obtain criminal history record information on applicants being considered for employment with the district (Texas Education Code §21.917). The information requested below is necessary to obtain criminal history record information.

Full Name (Print): _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

I give my consent to obtain my criminal history record.

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 also understand that this form can/will be used on an annual basis.

Signature: _____ Date: _____

This form will be removed from the application and filed separately.