

# JUNCTION INDEPENDENT SCHOOL DISTRICT

## Employment Application

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### Complete All Documents

In addition to the following documents you MUST provide a copy of your driver license, social security card and a copy of your Highest level of education

Return completed application and copies to Cheryl Herring

Junction ISD

1700 College Street

Junction, Texas 76849

[lisa.heap@junctionisd.net](mailto:lisa.heap@junctionisd.net)

325-446-3510 phone

325-446-4413 fax

The following is a link for a W-4 Form, which must be submitted with your application.

<http://www.irs.gov/pub/irs-pdf/fw4.pdf>



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**Employment Application**

Are you a Texas Certified Teacher?
Do you have your Master's Degree?
What position are you applying for?
What school year do you want to begin at JISD?
List your teaching certifications:
Are you a Texas Certified Administrator?
Mid- Management Certification?
Principal Certification?
Superintendent Certification?
Counselor Certification?
Have you coached at the middle or high school levels?
List sports that you have coached:
What is your coaching preference?
Do you have a current CDL & Bus Driving Certification?
Is your CPR/AED/First Aid certification current?

**Provide a copy of each item above, as well as, an official copy of your college transcript(s).**





**Junction Independent School District**  
**CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**  
**Confidential**

The Junction Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and volunteers.

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

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The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last/First/Middle*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Sex:  Male  Female Ethnicity:  Black  White/Other

I understand that 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*This form will be removed from the application and filed separately in the HR office.*

01/01/2008

**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.

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>	

**If you are not a certified teacher and applying for any other position, the form below must be submitted with your application:**

Junction Independent School District  
Letter of Reasonable Assurance  
\_\_\_\_\_ School Year



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

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

This letter provides notice of reasonable assurance of continued employment with Junction Independent School District when each school term resumes after a school break. By virtue of this notice, please understand that you may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Christmas, and spring breaks. This assurance is contingent on continued school operations and will not apply in the event of any disruption that is beyond the control of the district (e.g., lack of school funding, natural disasters, court orders, public insurrections, war, etc.).

Nothing contained herein constitutes an employment contract. Your continued employment is on an at-will basis. At-will employers may terminate employees at any time for any reason or for no reason, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason.

Your services on behalf of the children of the district are appreciated, and we hope that you will be able to continue your association with the district.

Please fill out the information below and return to the superintendent's secretary's office.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Date returned: \_\_\_\_\_