

Are you related to a member of the Board of Trustees of the
CRYSTAL CITY ISD?

Name Relationship

OFFICE USE ONLY

Date Received: _____ Date Acknowledged: _____
Comments _____

EDUCATION

Check highest level attained.

Master's Degree: <input type="checkbox"/>	Bachelor's Degree: <input type="checkbox"/>	Other Training/Education: <input type="checkbox"/>
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Licenses/Certifications: _____

Name of Institution	Date From	Date To	Diploma/Degree Held
High School			
College(s)/University(s)			
Other Formal Training			

EXPERIENCE (Indicate below, by years, your work experience. Please include complete address of your employer.)

Employer (Street, City, State)	Phone No.	Position Held	Dates of Employment	Reason for Leaving

Total Years of Teaching or Work
Experience: _____
May we contact your present employer now without jeopardizing your position?

REFERENCES

List three (3) supervisors acquainted with your professional ability and experience. List personal references ONLY if you have no prior work experience.

Name	Address (home or business)	Phone No./ Fax No./ Email Address	Official Position

SPECIAL SKILLS OR QUALIFICATIONS

Are you bilingual? Yes No

Any other experience or qualifications which you think would strengthen your application:

APPLICANT'S STATEMENT

I hereby affirm that the information presented in this application is to the best of my knowledge true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification or grounds for dismissal from subsequent employment. Furthermore, it is understood that this application becomes the property of the CRYSTAL CITY ISD which reserves the right to accept or reject it. I hereby authorize CRYSTAL CITY ISD to contact any reference acquainted with my working ability and experience, including references listed on this application, and to obtain any criminal history record information relevant to this application for employment from any pertinent source in accordance with the provisions of the Texas Education Code, Section 21.917. References and information which become a part of this record may be revealed to all persons who participate in the selection of employees.

Date of Application

Signature of Applicant

[] Checking this box and submitting this application by email constitutes my electronic signature.

You may submit by (1) Save and attach as an email, (2) Print and fax, or (3) Mail it in.

Return to:
HUMAN RESOURCES OFFICE
c/o CRYSTAL CITY ISD
805 E. CROCKETT ST. CRYSTAL CITY, TX 78839

The District will consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related, or any other legally protected status. The CRYSTAL CITY ISD is an equal opportunity employer and is in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975.

REFERENCE FORM:

NOTE TO APPLICANT: THIS FORM MUST BE SIGNED AND DATED BELOW, AND RETURNED WITH YOUR APPLICATION BEFORE APPLICATION WILL BE PROCESSED!

SECTION 1: THIS SECTION IS TO BE COMPLETED BY THE APPLICANT! COMPLETE THIS SECTION AND SEND IT TO THE DISTRICT OFFICE. DO NOT HAVE YOUR REFERENCES COMPLETE SECTION TWO. THE DISTRICT WILL THEN FORWARD THIS AUTHORIZED FORM TO REFERENCES.

I hereby authorize the release of any information below:

Applicant's Signature _____

Date _____

SECTION 2: THIS SECTION IS TO BE COMPLETED BY THE REFERENCE AND THEN FAXED OR MAILED TO THE DISTRICT.

805 E. CROCKETT ST, CRYSTAL CITY, TX 78839 :: FAX: 830-374-8009

Please give us your frank evaluation on the above named person who has applied for an administrator, teacher, a substitute teacher, teacher aide, or clerical position with the CRYSTAL CITY ISD. This information will be held in professional confidence.

How long have you known this applicant? _____

In what capacity? _____

Check below the column, which you think most accurately, describes this applicant with regards to the characteristics listed.

CHARACTERISTICS	Superior	Commendable	Satisfactory	Poor
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance and Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularity of Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this applicant eligible for rehire? Yes No

What do you consider this applicant's greatest strength? _____

Possible weakness? _____

Additional comments: _____

Signature/Title: _____

Date: _____

Location: _____

CONSENT TO PERFORM **CRIMINAL HISTORY INFORMATION BACKGROUND CHECK**

I _____, hereby authorize the District to obtain any criminal history information that relates to me.
Texas Education Code 22.083 authorizes the District to obtain the criminal history record of every applicant for employment, volunteer, or student teacher with CRYSTAL CITY ISD.

Printed Name of Applicant (First, Middle, Last)

Maiden or other name(s) used in any and all other records

Social Security Number

Date of Birth

Race *

Sex *

* This information is for criminal history background check purpose only and does not become a part of your application with the District. The CRYSTAL CITY ISD is an equal opportunity employer and will not discriminate on the basis of race, color, age, sex, national origin, religion, or handicap.

I, _____, am an applicant for employment / volunteerism with CRYSTAL CITY ISD and have been advised that as a part of the application process, the district conducts a criminal history background check. I do hereby consent to the district use of any information provided during the application process in performing the criminal history check. The district has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the district.

Date

Signature of Applicant

[X] Checking this box and submitting by email constitutes my electronic signature.

You may submit by (1) Save and attach as an email, (2) Print and fax, or (3) Mail it in.

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