

# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### NEW TEACHER APPLICATION PACKET

#### 1. Application Form

All information requested on the application form should be accurately and completely filled out. Names, dates and addresses should be provided in full. Please sign the attached release, nepotism, and criminal history check forms and return them along with the application to the Department of Human Resources located at 1420 Eidson Road, Eagle Pass, Texas, 78852.

#### 2. College Transcripts

Official transcripts with degree confirmations and cumulative grade point averages are required. Official transcripts may be submitted by the applicant or mailed directly to the Department of Human Resources from the college or university. It will be the responsibility of out-of-country applicants to secure a transcript evaluation, which indicates degree obtained as well as cumulative grade point average, from an approved agency. A minimum grade point average of 2.5 is preferred.

#### 3. Teaching Certificate

A copy of the Texas Teacher Certificate, out-of-state, or Letter of Completion (college letter indicating that the teacher applicant has applied for a certificate) must be submitted with the application. If teacher is registered in an Alternative Certification Program, an eligibility letter from the program is required.

#### 4. Teacher Service Records

It is the responsibility of the applicant to provide the original teacher service records with this application to the Department of Human Resources.

#### 5. References

Three (3) references from those persons who have supervised either the applicant's teaching and/or work experience are required. It is the responsibility of the applicant to provide the evaluation form to references who will return the form to Department of Human Resources. The applicant will not have access to the references once submitted. If an adequate number of references are available in a college placement file, an applicant with no previous teaching experience may satisfy requirements for recommendations by requesting that his/her file be sent to the Department of Human Resources. Student teachers shall submit references from their cooperating teacher as well as from their university cooperating supervisor.

**Please Note: With the exception of the official transcripts and references, items #1, #3 and #4 must be submitted together and will not be accepted otherwise. Not all applicants will be interviewed. Your resume, application, and other available information above basic qualifications will be considered in the screening process.**

6. Your application becomes active when all credentials and references have been received. Your application will be kept active for one year. Please notify the Department of Human Resources in writing of any change of name, address, telephone number, or if you obtain employment elsewhere after submitting an application for employment with EPISD. Inquiries concerning applications and/or vacancies should be addressed directly to the assigned Personnel Specialist between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

*The EPISD is an equal opportunity employer and does not discriminate on the basis of sex, disability, race, color, age or national origin as required by Title IX, Section 504 and Title VI.  
El distrito escolar no discrimina en base a sexo, discapacidad, raza, color, edad u origen nacional en el empleo como lo requiere el Título IX, Sección 504 y Título VI.*

# **EAGLE PASS INDEPENDENT SCHOOL DISTRICT**

## **DEPARTMENT OF HUMAN RESOURCES**

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### **PRE-EMPLOYMENT DRUG/ALCOHOL TESTING**

**The Eagle Pass Independent School District requires that a pre-employment drug alcohol test be done. Testing will be done before applicants are hired or after an offer to recommend for employment has been made to the School Board. Testing must be done before employee actually starts employment. Testing must be done at a District specified testing laboratory or other District designated testing facility.**

**A prospective employee who is required to submit to pre-employment drug/alcohol test violates District policy by refusing such a test or when the prospective employee tests positive for alcohol at a concentration of 0.04 or above, or for a controlled substance. Refusal to submit to testing or a positive test result may result in disqualification of the applicant and/or withdrawal of any offer of employment. Cost of testing will be paid by the District.**

*The EPISD is an equal opportunity employer and does not discriminate on the basis of sex, disability, race, color, age or national origin as required by Title IX, Section 504 and Title VI.*

*El distrito escolar no discrimina en base a sexo, discapacidad, raza, color, edad u origen nacional en el empleo como lo requiere el Título IX, Sección 504 y Título VI.*

# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### APPLICATION FOR PROFESSIONAL EMPLOYMENT

#### I. PERSONAL INFORMATION

(PRINT IN INK OR TYPE INFORMATION)

Date of Application: _____	Date Available for Employment: _____
Name: _____	Social Security Number: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Home Telephone Number: ( ) _____	Business/Office Telephone: ( ) _____

Have you ever been employed with EPISD?  Yes  No If YES, please list position: \_\_\_\_\_

Are you currently employed in another school district?  Yes  No If YES, Name of District \_\_\_\_\_

Have you been or are you currently on an employee growth plan in another district?  Yes  No

Have you ever been terminated for cause, been asked to resign, had a contract non-renewed, or left employment involuntarily?  
 Yes  No If yes, Explain \_\_\_\_\_

Are you a retired employee participating in Texas-TRS?  Yes  No

#### II. POSITION INFORMATION

<u>Check all positions for which you are applying and are qualified:</u>			
<input type="checkbox"/> Pre K/Kindergarten	<input type="checkbox"/> High School, Grades 9-12	<input type="checkbox"/> Counselor	<input type="checkbox"/> Adult Education Instructor
<input type="checkbox"/> Elementary, Grades _____	<input type="checkbox"/> Vocational _____	<input type="checkbox"/> Librarian	ABE: _____
<input type="checkbox"/> Elementary, Bil., Grades _____	<input type="checkbox"/> Music: _____	<input type="checkbox"/> Nurse	GED: _____
<input type="checkbox"/> Junior High, Grades 7-8	<input type="checkbox"/> Special Education	<input type="checkbox"/> Other: _____	ESL/Citizenship: _____
<u>Check Extra-curricular Activities You Are Qualified and/or are Willing to Sponsor</u>			
<input type="checkbox"/> Year Book/Newspaper	<input type="checkbox"/> Drill Team/Cheerleader	<input type="checkbox"/> Drama/Speech	<input type="checkbox"/> UIL/Academics
			<input type="checkbox"/> Other: _____

#### III. CERTIFICATION

Valid Texas     Valid Out of State: \_\_\_\_\_     None/Degree Only: \_\_\_\_\_     ACP

Write exactly as it reads on your Teacher Certificate/License and provide a copy for the office

***** PROFESSIONAL *****	Date Issued	Date Expired
***** PROVISIONAL/STANDARD *****	Date Issued	Date Expired

#### For Texas Certified Educators

Have you ever been or are you currently on a permit or one year certificate?  Yes  No

If YES, list the type of permit(s)/one year certificate(s) \_\_\_\_\_

Have you completed your permit/certificate requirements?  Yes  No

If NO, list what you are pending \_\_\_\_\_

If you are a recent college graduate, have you taken all required exams (ExCET/TEsES)  Yes  No

If NO, list what you are pending \_\_\_\_\_





# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### NEPOTISM STATEMENT

#### School Board Members

Rodolfo Lopez – President  
David Riojas – Trustee

Abel Sanchez – Vice President  
Beatriz A Garza – Trustee

Ramon Ramirez – Secretary  
Mark Garcia - Trustee

I \_\_\_\_\_, hereby attest or affirm that (circle one) **I am / I am not** related to any member of the Board of Trustees of the Eagle Pass Independent School District, within three degrees of consanguinity (blood relation) or by two degrees of affinity (marriage).

If applicable, please indicate to whom you are related \_\_\_\_\_

I fully understand that any false information contained here will be just cause for the immediate termination of my employment in this position.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

These illustrations depict the relationships that violate the nepotism law.

CONSANGUINITY (Blood) Board member is prospective employee's:

First Degree	Parent	Child		
Second Degree	Grandparent	Grandchild	Sister/Brother	
Third Degree	Great Grandparent	Great Grandchild	Aunt/Uncle	Niece/Nephew

AFFINITY (Marriage) Board member's spouse is the prospective employee or  
Board member's spouse is prospective employee's or  
Prospective employer's spouse is the board member's

First Degree	Parent	Child	
Second Degree	Grandparent	Grandchild	Sister/Brother

NOTE: The spouses of two persons related by blood are not by the fact related. The affinity chart supposes only an affinity relationship between the Board member and prospective employee through either of their spouses.

# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

### CRIMINAL HISTORY CHECK AUTHORIZATION AND INFORMATION FORM

Conviction of a crime is not an automatic bar to consideration for employment or continued employment, except where employment is prohibited by Texas law or EPISD policy for certain convictions. For other offenses, factors such as the date of the offense, the period between the offense and the present, the nature and seriousness of the offense, and rehabilitation will be considered by the Eagle Pass Independent School District.

#### CRIMINAL HISTORY INFORMATION

Applications for employment and employees of the Eagle Pass Independent School District are request to complete this Criminal History Check Authorization and Information form in compliance with Chapter 22, Subchapter C of the Texas Education Code (or as subsequently revised). The following information will be used solely for the purpose of assisting the EPISD in conducting a Criminal History Check (local, state and national). Failure to provide all of the information requested will result in rejection of an applicant or discipline, up to and including termination, of an employee.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Male  Female Date of Birth : \_\_\_\_\_ Ethnic identifier: \_\_\_\_\_

List all aliases or former names, including maiden names, and list dates of use: \_\_\_\_\_

Have you ever pled guilty or nolo contendere (no contest) or been arrested or convicted of any criminal offense (misdemeanor or felony) other than moving violations and/or parking tickets?  Yes  No

If yes, provide complete information on all criminal offenses, including dates, location (city and state), and disposition. Use additional sheets if necessary.

If you are **currently** serving any of the following for any criminal offense, check the appropriate box.

Pretrial diversion  Community supervision  Suspended sentence  
 Probation with adjudication of guilt  Probation  Deferred adjudication

For each box checked, provide complete information on the criminal offense, nature of program and date of completion. Use additional sheets if necessary.

#### **ACKNOWLEDGEMENT/AUTHORIZATION**

*I acknowledge that I read and understand this form and certify that the above information and representations are true, correct and complete and contain no omissions. I understand that false, incorrect, misleading or incomplete information on this form will result in rejection of my application, or termination if employed. I understand that the Eagle Pass Independent School District (EPISD) will request a Criminal History Check after making a conditional employment offer and at certain times during employment, such as promotion, transfer, or performance evaluation. EPISD is required to submit certain identifying information in order to obtain a Criminal History Check. I agree to provide additional information (including fingerprints) if requested by EPISD. I understand that if Criminal History Check discloses a conviction or other action which would make me unsuitable for employment in the position for which I have applied or in which I have applied or in which I am working, I will be considered ineligible for employment and will not be transferred to another position.*

Applicant's/Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

***The EPISD is an equal opportunity employer and does not discriminate on the basis of sex, disability, race, color, age or national origin as required by Title IX, Section 504 and Title VI.***

***El Distrito escolar no discrimina en base a sexo, discapacidad, raza, color, edad u origen nacional en el empleo como lo requiere el Título IX, Sección 504 y Título VI.***

# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### EMPLOYMENT REFERENCE

**SECTION I. TO BE COMPLETED BY THE APPLICANT;**

**UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.**

Applicants Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applying for \_\_\_\_\_

Reference Name \_\_\_\_\_ Title in relationship to applicant \_\_\_\_\_

Company/School \_\_\_\_\_ Telephone # \_\_\_\_\_

### AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect any information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Thank you for your assistance.

\_\_\_\_\_  
Signature Date

**SECTION II. TO BE COMPLETED BY REFERENCE:**

**PLEASE RATE THE APPLIANT BY CHECKING THE APPROPRIATE BOX BELOW.**

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
General appearance, appropriate dress, grooming				
Exercises professional judgment in absences from work				
Accepts constructive criticism and supervision				
Communicates information effectively				
Demonstrates good judgment				
Establishes personal growth and career path				
Effectively diagnosis and addresses situations or conditions				
Displays a practical approach to problem solving				
Inspires cooperation and confidence				
Provides support and assistance when needed				
Is knowledgeable and current in field				
Is receptive to new ideas and changes				

**SECTION III. FOR TEACHERS POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:**

**PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.**

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
Handles matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
Demonstrates knowledge of subject matter				
Demonstrates ability to diagnose and address student needs				
Encourages student performance consistent with abilities				
Uses a variety of instructional methods				
Assigns work which is relevant and purposeful				
Works well as part of an instructional team				

How long have you known the applicant? \_\_\_\_\_

Would you recommend the applicant for the position desired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not at this time

Signature \_\_\_\_\_ Official Position \_\_\_\_\_ Date \_\_\_\_\_

# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### EMPLOYMENT REFERENCE

**SECTION I. TO BE COMPLETED BY THE APPLICANT;**

**UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.**

Applicants Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applying for \_\_\_\_\_

Reference Name \_\_\_\_\_ Title in relationship to applicant \_\_\_\_\_

Company/School \_\_\_\_\_ Telephone # \_\_\_\_\_

### AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect any information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Thank you for your assistance.

\_\_\_\_\_  
Signature Date

**SECTION II. TO BE COMPLETED BY REFERENCE:**

**PLEASE RATE THE APPLIANT BY CHECKING THE APPROPRIATE BOX BELOW.**

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
General appearance, appropriate dress, grooming				
Exercises professional judgment in absences from work				
Accepts constructive criticism and supervision				
Communicates information effectively				
Demonstrates good judgment				
Establishes personal growth and career path				
Effectively diagnosis and addresses situations or conditions				
Displays a practical approach to problem solving				
Inspires cooperation and confidence				
Provides support and assistance when needed				
Is knowledgeable and current in field				
Is receptive to new ideas and changes				

**SECTION III. FOR TEACHERS POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:**

**PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.**

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
Handles matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
Demonstrates knowledge of subject matter				
Demonstrates ability to diagnose and address student needs				
Encourages student performance consistent with abilities				
Uses a variety of instructional methods				
Assigns work which is relevant and purposeful				
Works well as part of an instructional team				

How long have you known the applicant? \_\_\_\_\_  
 Would you recommend the applicant for the position desired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not at this time

Signature \_\_\_\_\_ Official Position \_\_\_\_\_ Date \_\_\_\_\_

# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

1420 EIDSON ROAD • EAGLE PASS, TEXAS 78852 • (830) 773-5181 FAX (830) 773-0221

### EMPLOYMENT REFERENCE

**SECTION I. TO BE COMPLETED BY THE APPLICANT;**

**UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR.**

Applicants Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applying for \_\_\_\_\_

Reference Name \_\_\_\_\_ Title in relationship to applicant \_\_\_\_\_

Company/School \_\_\_\_\_ Telephone # \_\_\_\_\_

### AUTHORIZATION STATEMENT

I have applied for employment with the Eagle Pass ISD. I authorize EPISD to collect any information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Thank you for your assistance.

\_\_\_\_\_  
Signature Date

**SECTION II. TO BE COMPLETED BY REFERENCE:**

**PLEASE RATE THE APPLIANT BY CHECKING THE APPROPRIATE BOX BELOW.**

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
General appearance, appropriate dress, grooming				
Exercises professional judgment in absences from work				
Accepts constructive criticism and supervision				
Communicates information effectively				
Demonstrates good judgment				
Establishes personal growth and career path				
Effectively diagnosis and addresses situations or conditions				
Displays a practical approach to problem solving				
Inspires cooperation and confidence				
Provides support and assistance when needed				
Is knowledgeable and current in field				
Is receptive to new ideas and changes				

**SECTION III. FOR TEACHERS POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:**

**PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.**

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE / COMMENTS
Handles matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
Demonstrates knowledge of subject matter				
Demonstrates ability to diagnose and address student needs				
Encourages student performance consistent with abilities				
Uses a variety of instructional methods				
Assigns work which is relevant and purposeful				
Works well as part of an instructional team				

How long have you known the applicant? \_\_\_\_\_  
 Would you recommend the applicant for the position desired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not at this time

Signature \_\_\_\_\_ Official Position \_\_\_\_\_ Date \_\_\_\_\_