



provided your Reading Academy \_\_\_\_\_

Under what name did you participate in the HB3 Reading Academy? \_\_\_\_\_

**EXPERIENCE: Complete fields as needed**

**Please list all *relevant* experience, beginning with the most recent.**

**Position #1**

Your position title: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's phone number: \_\_\_\_\_

Dates worked for this employer-

From: \_\_\_\_\_

To: \_\_\_\_\_

Full or Part Time:

Last Annual Salary Range: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ or NO \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your responsibilities at this position: \_\_\_\_\_

**Position #2**

Your position title: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's phone number: \_\_\_\_\_

Dates worked for this employer-

From: \_\_\_\_\_

To: \_\_\_\_\_

Full or Part Time:

Last Annual Salary Range: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ or NO \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your responsibilities at this position: \_\_\_\_\_

**Position #3**

Your position title: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's phone number: \_\_\_\_\_

Dates worked for this employer-

From: \_\_\_\_\_

To: \_\_\_\_\_

Full or Part Time:

Last Annual Salary Range: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ or NO \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your responsibilities at this position: \_\_\_\_\_

**Position #4**

Your position title: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's phone number: \_\_\_\_\_

Dates worked for this employer-

From: \_\_\_\_\_

To: \_\_\_\_\_

Full or Part Time:

Last Annual Salary Range: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ or NO \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your responsibilities at this position: \_\_\_\_\_

**Position #5**

Your position title: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's phone number: \_\_\_\_\_

Dates worked for this employer-

From: \_\_\_\_\_

To: \_\_\_\_\_

Full or Part Time:

Last Annual Salary Range: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ or NO \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your responsibilities at this position: \_\_\_\_\_

**Position #6**

Your position title: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's phone number: \_\_\_\_\_

Dates worked for this employer-

From: \_\_\_\_\_

To: \_\_\_\_\_

Full or Part Time:

Last Annual Salary Range: \_\_\_\_\_

May we contact this employer? YES \_\_\_\_\_ or NO \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your responsibilities at this position: \_\_\_\_\_

**EDUCATION: Please supply any education completed**

**High School**

Name of High School Attended: \_\_\_\_\_

City of High School: \_\_\_\_\_

State of High School: \_\_\_\_\_

Diploma: YES \_\_\_\_\_ or NO \_\_\_\_\_

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

**Colleges or Universities:**

1st College or University Attended: \_\_\_\_\_

City of University: \_\_\_\_\_

State of University: \_\_\_\_\_

Graduation Status: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_

2nd College or University Attended: \_\_\_\_\_

City of University: \_\_\_\_\_

State of University: \_\_\_\_\_

Graduation Status: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_

3rd College or University Attended: \_\_\_\_\_

City of University: \_\_\_\_\_

State of University: \_\_\_\_\_

Graduation Status: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_

4<sup>th</sup> College or University Attended:

City of University: \_\_\_\_\_

State of University: \_\_\_\_\_

Graduation Status: \_\_\_\_\_

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

Degree Received: \_\_\_\_\_

**PROFESSIONAL REFERENCES (3 References are REQUIRED, 4 are PREFERRED)**

**Reference #1 Name:**

Employed by: \_\_\_\_\_

Job title of reference: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Reference's email address (mandatory): \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

Number of years reference has known candidate: \_\_\_\_\_

**Reference #2 Name:**

Employed by: \_\_\_\_\_

Job title of reference: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Reference's email address (mandatory): \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

Number of years reference has known candidate: \_\_\_\_\_

**Reference #3 Name:**

Employed by: \_\_\_\_\_

Job title of reference: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Reference's email address (mandatory): \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

Number of years reference has known candidate: \_\_\_\_\_

**Reference #4 Name:**

Employed by: \_\_\_\_\_

Job title of reference: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Reference's email address (mandatory): \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

Number of years reference has known candidate: \_\_\_\_\_

**NOTICE OF EQUAL OPPORTUNITY EMPLOYER**

Arlington Classics Academy is an Equal Opportunity Employer. Arlington Classics Academy ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation, or disability. Arlington Classics Academy has a practice of active recruitment of qualified minority employees. Any individual needing assistance in making an application for any opening should contact the Department of Human Resources.

**LEGAL DISCLOSURES AND INFORMATION: All fields are required**

Please respond YES or NO to the following questions and provide explanation where needed.

Do you have a criminal history which must be declared? YES or NO \_\_\_\_\_

If yes, please explain providing dates of the offense: \_\_\_\_\_

Have you ever had any finding of child abuse filed in your name? YES or NO \_\_\_\_\_

Is your name on a sex offender database in any state or country? YES or NO \_\_\_\_\_

If yes to either of the above, please explain providing dates:

\_\_\_\_\_

**DISCLOSURES: All fields are required**

**Contract and Professional Status**

Are you currently under contract? \_\_\_\_\_ If yes, when does it expire: \_\_\_\_\_

If yes, which district: \_\_\_\_\_

When may your present employer be contacted? \_\_\_\_\_

Have you ever been denied re-employment, failed to be re-hired for any reason, resigned to avoid termination, denied extension of a contract, had an at will agreement terminated, or in any other way had your employment non-renewed or your employment relationship with any employer terminated or cease to exist for any reason? Please enter YES or NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever had a teaching certificate or license revoked or suspended? YES or NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you a relative of any board member, administrator, or supervisor who is currently serving our school? YES or NO: \_\_\_\_\_

If yes, please give details \_\_\_\_\_

Can you perform all the essential job functions of the position for which you are applying with or without reasonable accommodation? YES or NO: \_\_\_\_\_

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**APPLICANT'S ACKNOWLEDGMENT AND AGREEMENT: All fields are required**

By checking the box below and typing your initials into the text box, the candidate authorizes the educational institution presenting this application to conduct an investigation of the candidate pursuant to The Education Code to determine whether the candidate has been convicted of any criminal, drug, sex offender, or other such offenses as set forth in statute, and, upon request, agrees to execute an investigation authorization form as a condition for the candidate's employment.

The candidate is notified that a computerized criminal history verification check will be performed by accessing the Texas Department of Public Safety Secure Website. Verifications will be conducted using the system required by law based for the applicant's classification which for public education employees involves a fingerprint-based background check. Therefore, applicants will be required to submit a full and complete set of fingerprints for analysis as required by Texas law and pay a fee to the fingerprint company for this service.

The candidate also authorizes and grants permission to the school to view and verify certification and certification tests taken by the candidate. The candidate furthermore certifies that all information provided in this application is true in all respects. The candidate agrees that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or immediate termination. The candidate authorizes the use of any information in the application to verify my statements. I also authorize all past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

**To perform the background check please supply the following information:**

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

Driver's License Number: \_\_\_\_\_

Driver's License State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please indicate your agreement by supplying your initials here: \_\_\_\_\_

Please type your full legal name here: \_\_\_\_\_



**PRE-EMPLOYMENT AFFIDAVIT FOR ALL APPLICANTS: All fields are required**

*For purposes 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: (Mark one selection clearly with an X.)**

- 1. I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
  
- 2. 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: (Please use the space on the back and any additional pages needed.)
  
- \_\_\_\_ 3. 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: (Please use the space on the back and any additional pages needed.)

**Affidavit of Applicant**

*The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. 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 Texas, on this date: \_\_\_\_\_

X \_\_\_\_\_

(Signature of Declarant) (Please sign in the presence of a Notary)

**Applicants do not write below here. This section is to be completed by the school notary if an employment offer is made. You will be required to execute the oath and affidavit in the presence of the notary.**

State of Texas, County of \_\_\_\_\_ Before me, \_\_\_\_\_(insert the name of the notary), on this day personally appeared \_\_\_\_\_(insert the name of the applicant), known to me or proved to me on the oath of \_\_\_\_\_or through \_\_\_\_\_(description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument] and acknowledged to me that he executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_day of \_\_\_\_\_, 20\_\_ (year).

(Personalized Seal)

\_\_\_\_\_  
Notary Public’s Signature

*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 pre-employment affidavit.\*\*This form will be processed separately and not shared with the hiring manager. Approved by the Texas Commissioner of Education, October 2017*