SEASHORE CHARTER SCHOOLS
Seashore Learning Center (K-4): 15801 S.P.I.D.
Seashore Middle Academy (5-8): 15437 S.P.I.D.
Corpus Christi, TX 78418

Date: _____

TEA Fingerprint Done: ☐ **Yes** ☐ **No**
TEA Retired: ☐ **Yes** ☐ **No**

SUBSTITUTE TEACHER APPLICATION

The detailed information sought here will be carefully evaluated in considering a candidate. The accuracy and completeness of the form is absolutely essential. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a handicap or disability. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disability Act of 1990 prohibits discrimination against a qualified individual with a disability. Any inquiry regarding gender is made in good faith for a nondiscriminatory purpose and does not express directly or indirectly any limitation, specification, or discrimination as to gender. Seashore Learning Center Charter School is an Equal Opportunity Employer.

PERSONAL DATA: (Please type or print.) Name: _____

SSN: ____/____/____ DOB: ____/____/____ Phone: _____

Address: _____ Zip _____

Email: _____

1. EDUCATIONAL BACKGROUND

_____ *Diploma* ☐Yes ☐No *GED* ☐Yes ☐No
High School City/State Dates Attended

_____
College/University City/State Dates Attended Degree Received

_____
College/University City/State Dates Attended Degree Received

Do you hold a valid teaching certificate? ☐Yes ☐No

What state(s)? _____ What subject areas? _____

If you hold a valid teaching certificate, are you available for a full-time teaching position? ☐Yes ☐No

2. TEACHING EXPERIENCE:

Year	School District	Level Taught	City/State

3. RELATED WORK EXPERIENCE: (List only positions directly related to your major field and/or teaching experience.)

Employer	City/Status	Position Held	From/To

4. **YOUTH RELATED EXPERIENCE**: (Please list experiences with your, supervising/teaching in organized activities such as drill team, cheerleader sponsor, 4-H, recreation programs, etc.)

Organization	From/To	Position Held/ Duties

Please check all grade levels and classrooms you are available to substitute for:

SLC: ☐ Kindergarten ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade
☐ P.E. ☐ Art ☐ Music ☐ Special Education

SMA: ☐ 5th Grade ☐ 6th Grade ☐ 7th Grade ☐ 8th Grade
☐ P.E. ☐ Art ☐ Music ☐ Special Education

Please indicate the days of the week you are available for substituting.

☐ All Days ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please indicate any restrictions that may apply to your availability.

Are you a retired member of the Texas Retirement System (TRS) receiving a check each month? ☐ Yes ☐ No

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION WILL BE SUFFIEIENT CAUSE FOR CANCELLATION OF THIS APPLICATION, OR DISCHARGE IF I HAVE BEEN EMPLOYED. Furthermore, it is understood that this application becomes the property of the Seashore Learning Center Charter School which reserves the right to accept or reject it.

I understand that the SCS will obtain my criminal history, if any, from a law enforcement agency pursuant to Section 411.097, Subchapter C, Chapter 22, of the Texas Government Code.

Furthermore, it is the position of Seashore Charter Schools that substitute teaching is a temporary position to be utilized as needed by the school. Employment as a substitute teacher shall in no way be interpreted as being permanent and can be discontinued at any time by the school. The school shall not be liable for unemployment benefits.

Applicant's Signature _____

NOTE: Incomplete of unsigned applications will not be considered. The application will remain on file for this school year only. It must be updated in writing if further consideration is desired.

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.
Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online Crime Records General Information | Department of Public Safety (texas.gov) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:

Section 2: Agency use only. Must be completed by authorized personnel conducting search.
Agency Name:
Authorized User:
Signature of Authorized User:
Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.	
Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

CHRI + Audit Resources Link

Pre-Employment Affidavit for Applicant
For purposes of this affidavit:

> ***Adjudication** and **conviction** refer to a conviction, plea of guilty or no contest (nolo contendre), 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:

☐ I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

☐ 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: _____.

☐ 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: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

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 _____, on the _____ day of _____, _____.
County *State* *Date* *Month* *Year*

_____
(*Signature of Declarant*)

*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 unsworn declaration.**

_____

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.