SEASHORE CHARTER SCHOOLS

Seashore Middle Academy
15437 S.P.I.D.
Corpus Christi, TX 78418
Phone (361) 654-1134
Fax (361) 654-1139

Seashore Learning Center
15801 S.P.I.D.
Corpus Christi, TX 78418
Phone (361) 949-1222
Fax (361) 949-6762

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We 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, disability, or any other legally protected status. Seashore is an equal opportunity employer.

PERSONAL DATA: (Please type or print.) Name (first, middle, last):

SSN: Phone: Date:

Address: Zip

Position for which you are applying Date available

Credentials included with application:
- Resume
- All teaching and professional certificates (front and back, if appropriate)
- All transcripts showing degrees.

Do you hold a valid teaching certificate? yes no

What state(s)? What subject areas?

Do you hold a NBCT certification? yes no

Are you retired from TRS? yes no If yes, what is your retirement date?

If you hold a valid teaching certificate, are you available for a full-time teaching position? yes no

Have you been fingerprinted for SB9? yes no If no, please provide the following information:

DL state DL # DOB Email

Name of School(s) Attended And Location	Course of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated (College Only)

Type of certificate held now.

- None
- Valid Texas
- Valid other state
- Emergency (Texas)
- Texas one-year certificate: Expiration date
- Texas temporary administrative: Expiration date

Areas of specialization

Administrator	All level art	Vocational (specify):
Superintendent	All level health and PE	
Principal	All level music	Nurse
Mid-management Administrator	Librarian	Visiting teacher
Elementary	Counselor	Supervisor

Areas of specialization

Elementary and kindergarten	Special education (specify):	Other (specify):
Secondary (junior high)		

List teaching experience beginning with most recent years. Total creditable years _____ (Full-time teaching in college, public school, or in an accredited private school is creditable.)

Name of School And Location	Type of Assignment	Dates Taught	Reason for Leaving

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

- Publications/articles
- Seminars/workshops conducted
- Other related professional activities

Do you have a relative who is a member of the Seashore Middle Academy Educational Advisory Board or on the Board of Island Foundation, Inc.? Yes ☐ No ☐
If yes, please give the name of the relative and relationship:

Have you ever been convicted of a felony or 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:

(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, and relationship between the offense and the position for which you are applying.)

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area Code/ Phone No.

Please make a statement in your own handwriting concerning your reasons for desiring a position with Seashore Middle Academy. (Please use additional sheets of paper if necessary.)

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing same to you.

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed one year. any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant Date

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.