



**IV. CERTIFICATION**

(If you hold a Texas Certificate, complete section 1 below. If you hold a certificate from out-of-state, complete section 2)

1. Do you hold a Texas Certificate Issued prior to February 1985?  
Yes\_\_\_ No\_\_\_

If issued prior to February 1985, have you completed the TECAT requirement?

Yes\_\_\_ No\_\_\_

If issued after February 1985, have you completed the ExCET requirements?

Yes\_\_\_ No\_\_\_

Year Texas Certificate Issued\_\_\_\_\_ Type Certificate:\_\_\_\_\_ (Prov./Prof.)

Level of Certificate:\_\_\_\_\_ (Elementary, Secondary, or All-Level)

Specialized Area (s) as shown on certificate:\_\_\_\_\_

2. Do you hold a VALID certificate from another state?

Yes\_\_\_ No\_\_\_

State\_\_\_\_\_ Date Issued\_\_\_\_\_ Expiration Date\_\_\_\_\_

Description of Certificate (as shown on certificate)\_\_\_\_\_

Have you completed the ExCET requirements for Certification?

Yes\_\_\_ No\_\_\_

\*It will be the responsibility of the applicant to secure an evaluation of out-of-state credentials and apply for a Texas Certificate from the Texas Education Agency, Division of Teacher Certification, 1701 North Congress Ave., Austin, Texas 78701-1494. Phone # (512) 453-8976



Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

(City and State)

Name of Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Title of Position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Assignment: \_\_\_\_\_

Description of assignment: \_\_\_\_\_

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Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

(City and State)

Name of Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Title of Position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Assignment: \_\_\_\_\_

Description of assignment: \_\_\_\_\_

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Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

(City and State)

Name of Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Title of Position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Assignment: \_\_\_\_\_

Description of assignment: \_\_\_\_\_

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Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

(City and State)

Name of Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Title of Position you held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Assignment: \_\_\_\_\_

Description of assignment: \_\_\_\_\_

MAY WE CONTACT: Present Employer? Yes \_\_\_ No \_\_\_

MAY WE CONTACT: Former Employers? Yes \_\_\_ No \_\_\_

### ***VII. INSTITUTIONS OF HIGHER LEARNING***

<u>Name</u>	<u>Location</u>	<u>Major/Minor</u>	<u>Dates</u>	<u>Degrees/Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### ***VIII. MISCELLANEOUS***

1. List any extra-curricular activities, which you are interested and qualified to sponsor or direct.

\_\_\_\_\_

2. Are you presently under contract with any school district for the next school year?

Yes \_\_\_ No \_\_\_

(If yes, which district) \_\_\_\_\_

3. Do you have a relative who is either a member of the Marlin ISD Board of Trustees or who is employed in any capacity in the District?

Yes \_\_\_ No \_\_\_

*If yes, please give the following information:*

Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Position Held \_\_\_\_\_

4. Have you established a placement file? Yes \_\_\_ No \_\_\_

If yes, where \_\_\_\_\_

5. Have you ever failed to be renewed or have you been discharged from a teaching position? Yes \_\_\_ No \_\_\_

If yes, where and when \_\_\_\_\_

6. Have you ever been convicted of a felony of offense involving moral turpitude?

Yes \_\_\_ No \_\_\_

If yes, please state where, when, and nature of offense

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

*I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of the Marlin Independent School District, which reserves the right to accept or reject it. I hereby authorize the Marlin Independent School District to contact the references listed on this application, and to obtain my criminal history record information relevant to this application for employment from any pertinent source in accordance with the provisions of the Texas Education Code 21.917, and I further authorize any law enforcement agency, including but not limited to, any police department of the Department of Public Safety as well as the Texas Department of Criminal Justice to furnish the Marlin Independent School District any such record. References, placement folder information, and information which becomes a part of this record may be revealed to all persons who participate in the selection of employees.*

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(Date)

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(Signature of Applicant)

**CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

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Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

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* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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**\*AS SHOWN ON THE ORIGINAL APPLICATION  
\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. 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 Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1.  YES  NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).  
If yes, please provide details below.

State:	County:	Date of Offense:	/	/
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Details of conviction:

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2.  YES  NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below.

State:	County:	Date of Offense:	/	/
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Details of offense:

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3.  YES  NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  YES  NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  YES  NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Details of pending charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_