

Milford Independent School District

Application for Employment

Milford Independent School District is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, gender, national origin, age, or handicap.

**Vernon Orndorff, Superintendent
David Johnson, Principal**

Milford I.S.D.
P.O. Box 545
Milford, TX 76670

972-493-2921

Fax 972-493-4600

**Milford Independent School District
Application for Employment**

**** Applications not completed in full will be rejected.
This application will be kept on file for 12 months.

Date _____

Position for which you are applying:

- Teacher Substitute Teacher Paraprofessional Secretarial
- Other (please indicate) _____

Certifications you hold: _____

Personal Information (please print)

Name _____ Social Security Number _____

Mailing Address _____

Physical Address _____

Telephone number(s) _____

Personal Email Address _____

Education

	Name	Location	Highest Degree Earned
High School			
College			
Post College			
Other			

Other Skills: _____

Military

Did you serve in a branch of the U.S. Military or Naval Service? Yes No

Rank _____ Present Membership in National Guard or Reserves? Yes No

Teaching Experience (List in chronological order beginning with most recent)

School	Number of Years	Grade or Subject Area	Reason for Leaving	Principal/Supervisor

Other Work Experience: _____

References (at least 5)

Name	Address	Phone Number	Years Known	Personal/Work

Explain in your own words why you seek employment with the Milford Independent School District.

Have you been re-elected to your present position?

Have you been discharged from or not re-employed in a teaching position during the past six (6) years?

If so, Where? _____ When? _____

Why? _____

I certify that all the information submitted by me on this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if employed, my employment may be terminated at any time.

I understand that the District has the right to verify all information on the application.

I also understand that if employed, I will be bound to the school district rules and guidelines for each employee. If I violate school policy, I may be subject to termination immediately.

Signature of Candidate: _____

Date: _____

Consent to Perform Criminal History Background Check

I, _____ (please print name), am an applicant for employment with the Milford Independent School District. I have been advised that as a part of the application process, the district conducts a criminal history background check.

I, _____ (please print name), do hereby consent to the district use of any information provided during the application process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to offer employment. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

Signed this _____ day of _____, 20____ Date of Birth _____

Applicant's Signature

Please provide names of cities, states, and counties in which you have lived since college graduation:

The following Pre-Employment Affidavit for Applicant only needs to be completed if you're applying for one of the following positions:

- Teacher
- Teacher Intern or Teacher Trainee
- Librarian
- Educational Aide
- Administrator
- Educational Diagnostician
- School Counselor
- Audiologist
- Occupational Therapist
- Physical Therapist
- Physician
- Nurse
- School Psychologist
- Licensed Professional Counselor
- Marriage and Family Therapist
- Social Worker
- Speech Language Pathologist

*please note, this affidavit does not need to be notarized.

For more information regarding the Pre-Employment Affidavit requirement, please visit:
https://www.tasb.org/services/legal-services/tasb-school-law-essource/personnel/documents/required_pre_employment_affidavits_faq.aspx

Pre-Employment Affidavit for Applicant

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:

- 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.