

Treetops School International

Application for Employment

(Please Print Clearly)

Treetops School International is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, creed, national origin, religious persuasion, marital status, sexual orientation, veteran status, political belief or disability that does not prohibit performance of essential job functions or any other basis prohibited by federal or applicable state or local laws.

I. Personal Information

_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Title	First	Middle Initial	Last	Birth Date	Male	Female
Current Address: _____		Street Number	_____	City	State	Zip Code
Permanent Address: (if different than above): _____		Street Number	_____	City	State	Zip Code
(____) _____ - _____	(____) _____ - _____	_____				
Home Phone Number	Cellular Phone Number	Email Address				
_____	_____	(____) _____ - _____	_____			
Social Security Number	Emergency Contact Person	Emergency Contact Phone Number				

Preferred Method of Contact: _____

Position Applied For: _____

How were you referred to Treetops School? _____

Do you have any friends or relatives working for Treetops School? Yes No

If yes, who and what is the relationship? _____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed: Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case(s): _____

Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

II. Educational History School Name/Location Years Completed Degree/Diploma/Certification(s)

High School: _____
 College/University: _____
 Advanced Degree(s): _____
 Vocation/Other: _____

III. Employment Record

List below all present and past employment starting with your most recent employer for the last five years. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Dates Employed: _____ to _____ Reason for Leaving: _____
 _____ (____) _____ - _____ \$ _____ Yes No
 Company Name Supervisor's Name Phone Number Annual or Contact Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____
 _____ (____) _____ - _____ \$ _____ Yes No
 Company Name Supervisor's Name Phone Number Annual or Contact Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____
 _____ (____) _____ - _____ \$ _____ Yes No
 Company Name Supervisor's Name Phone Number Annual or Contact Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____
 _____ (____) _____ - _____ \$ _____ Yes No
 Company Name Supervisor's Name Phone Number Annual or Contact Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____
 _____ (____) _____ - _____ \$ _____ Yes No
 Company Name Supervisor's Name Phone Number Annual or Contact Hourly Salary Permission

IV. References

List below three (3) persons not related to you who have knowledge of your work performance within the last three (3) years.

Name of Reference	Years Known	Telephone Number
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

V. Work Availability

If your application receives favorable consideration, when will you be available to begin work?

Employee Demographic Information

Applicants Name: _____

Driver's License#: _____

State Issued: _____

Single

Married

Divorced

Widowed

Marital Status (Circle One)

Are you currently employed by any other public or charter school?

Yes No

Are you a retired TRS member receiving TRS annuity payments?

Yes No

Human Resources Employee Pay Information

Original TRS Enrollment Date (including years of service in other districts):

Employment of Retired TRS Members:

Service Retiree's Effective Date of Retirement:

Disability Retiree's Effective Date of Retirement:

Note: The district's accurate reporting of time worked by retirees is crucial in preventing the forfeiture of the retiree's monthly annuity.

Treetops School International

DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a Computerized Criminal History (CCH)
APPLICANT or EMPLOYEE NAME (Please print)
Verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Applicants Date of Birth

Stephanie Kaimana/Treetops School
Agency Representative Name (Please print)

Signature of Agency Representative

Date

<p>Please: Check and Initial each Applicable Space</p> <p>CCH Report Printed: _____</p> <p>YES ___ NO ___ ___ initial</p> <p>Purpose of CCH: _____</p> <p>Hire ___ Not Hired ___ ___ initial</p> <p>Date Printed: _____ ___ initial</p> <p>Destroyed Date: _____ ___ initial</p> <p style="text-align: center;">Retain in your files</p>
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U.S. Office of Personnel Management Guide to Personnel Data Standards		ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)		Social Security Number	Birthdate (Month and Year)
Agency Use Only			
Privacy Act Statement			
<p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.			
Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

Pre-Employment Affidavit for Applicant Offered Employment

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:

Affidavit of Applicant Offered Employment

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 the _____ day of _____, _____.
County Date Month Year

(Signature of Declarant)

State of Texas

County of _____

Before me, (insert the name and character of the officer), on this day personally appeared _____, known to me (or proved to me on the oath of _____), to be the person whose name is subscribed as a witness to the foregoing instrument of writing, and after being duly sworn by me stated on oath that he saw _____, the grantor or person who executed the foregoing instrument, subscribe the same (or that the grantor or person who executed such instrument of writing acknowledged in his presence that he had executed the same for the purposes and consideration therein expressed), and that he had signed the same as a witness at the request of the grantor (or person who executed the same.)

Given under my hand and seal of office this _____ day of _____, (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 removed from the application and filed separately in the HR office.