

# EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

New Waverly Independent School District  
355 Front Street, New Waverly, Texas 77358-3527  
Telephone: (936)344-6751 Fax: (936)344-2438

The New Waverly Independent School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. New Waverly ISD provides a free, appropriate education consisting of regular or special education and related aids and services in CATE programs that are designed to meet individual educational needs of disabled persons as adequately as the needs of non-disabled persons. The following persons have been designated to handle inquiries regarding the nondiscrimination policies: Darol Hail (Title IX Coordinator), (936)344-6751 and Kathy Lepley (Section 504 Coordinator), (936) 344-6601, 355 Front Street, New Waverly, TX 77358-3527.

El Distrito Escolar de New Waverly no discriminar por motivos de raza, color, origen nacional, sexo, impedimento, o edad en sus programas o actividades. El Distrito proporciona una educacion apropiada y gratis que consiste en la educacion regular y especial y servicios y asistencia relacionados en programas de Educacion de Carreras y Tecnologia, que estan disendos para satisfacer las necesidad educativa de las personas con impedimentos tan adecuadas como aquellos servicios para personas que no tienen impedimentos. Las siguientes personas han sido designadas para contestar preguntas acerca de las normas de no discriminacion: Darol Hail (Title IX Coordinator), (936)344-6751 and Kathy Lepley(Section 504 Coordinator), (936) 344-6601, 355 Front Street, New Waverly, TX 77358-3527.

## **"AN EQUAL OPPORTUNITY EMPLOYER"**

### PERSONAL DATA:

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street/Box City State Zip

Alternate Address where you may be reached: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Other name that may appear on records: \_\_\_\_\_  
(Used for certification, reference and criminal history record checks)

### POSITION DATA:

List the position(s) for which you are applying: \_\_\_\_\_

Credentials to be included with application: \_\_\_\_\_  
\_\_\_\_\_ Resume  
\_\_\_\_\_ All teaching and professional certificates (front & back, if appropriate)  
\_\_\_\_\_ All transcripts showing degrees

Date you can begin work: \_\_\_\_\_ Have you been employed by NWISD in the past? \_\_\_\_\_

If yes, when? \_\_\_\_\_

**EDUCATION /TRAINING:**

Name and Location of Schools Attended	Course of Study Major/Minor Fields	Diploma, Degree Certificate, License Held	Year Graduated (College Only)

**CERTIFICATION INFORMATION - TEXAS:**

_____ (Date Issued)	_____ (Expiration Date)	_____ (Certification Number)
<b><u>TYPE:</u></b>	<b><u>LEVEL:</u></b>	
<input type="checkbox"/> Professional	<input type="checkbox"/> Young Children, Ages 3-8	
<input type="checkbox"/> Provisional	<input type="checkbox"/> Elementary	
<input type="checkbox"/> One Year	<input type="checkbox"/> Junior High School	
<input type="checkbox"/> Counselor	<input type="checkbox"/> High School	
<input type="checkbox"/> Diagnostician	<input type="checkbox"/> All Levels (Music, Art, P.E.)	
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Special Education	
<input type="checkbox"/> Administrator	<input type="checkbox"/> Vocational Education	
<input type="checkbox"/> Permits: Specify		

**CERTIFIED FIELDS/ENDORSEMENTS:**

**ELEMENTARY:** Please list number of semester hours in following areas:

Reading _____	Mathematics _____	Language Arts _____	Science _____	Music _____
Social Studies _____	Art _____	Physical Education _____	Computer _____	ESL _____

**SECONDARY:** Please list semester hours in certified fields on certificate. List in order of teaching preference.

_____ ( )	_____ ( )	_____		
First Teaching Field	Hrs.	Second Teaching Field	Hrs.	Other Certification Areas

**TEACHING EXPERIENCE:** List Teaching experience beginning with most recent years.

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

Total creditable years \_\_\_\_\_ (Full-time teaching in college, public school or in an accredited private school is creditable.)

**OTHER WORK EXPERIENCE:** 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

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

- \* Publications/articles \_\_\_\_\_
- \* Seminars/workshops conducted \_\_\_\_\_
- \* Other related professional activities \_\_\_\_\_

**GENERAL INFORMATION:**

\* Are you aware of any reasons you would not be able to perform the duties of the position for which you are applying?  
\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

\* Are you or your spouse related to a New Waverly ISD Board of Trustees Member or his/her spouse?  
\_\_\_ Yes \_\_\_ No If yes, please provide the relative's name and relationship.

\* Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to, theft, attempted theft, rape, murder, swindling and indecency with a minor) and/or received probation or deferred adjudication?  
\_\_\_ Yes \_\_\_ Not If yes, please state where, when and the nature of the offense:

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

**REFERENCES:** Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

<u>Full Name of Reference</u>	<u>School District/ Firm Name</u>	<u>Mailing Address</u>	<u>Position/ Title</u>	<u>Area Code/ Telephone Number</u>
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**PERSONAL STATEMENT:** Please make a statement in your own handwriting concerning your reasons for desiring a position with New Waverly Independent School District.

**VERIFICATION:** 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 above 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 the same to you.

I understand that the district is authorized by Texas Education Code §22.093 to obtain criminal history record information on applicants the district intends to employ.

Furthermore, 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 365 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

New Waverly Independent School District  
Agency Name (Please print)

Sheri O'Hagan  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

**Please:  
Check and Initial each Applicable Space**

CCH Report Printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_ Vol/Contractor \_\_\_ \_\_\_\_\_ initial

Date Printed: \_\_\_\_\_ \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ initial

**Retain in your files**

Rev. 09/2013





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code

**STOP** Employer Completes Next Page **STOP**

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: SOCIAL SECURITY CARD		Document Title: DRIVERS LICENSE
Issuing Authority:		Issuing Authority: USA		Issuing Authority: TEXAS
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative SECRETARY	
Last Name (Family Name) OHAGAN	First Name (Given Name) SHERI	Employer's Business or Organization Name NEW WAVERLY ISD		
Employer's Business or Organization Address (Street Number and Name) 355 FRONT STREET	City or Town NEW WAVERLY	State TX	Zip Code 77358	

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2018</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.				
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b>				
• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.				
If you meet both conditions, write "Exempt" here . . . . . ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	

**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: \_\_\_\_\_.

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**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.