



# Corpus Christi Montessori School

A Free Public Charter

822 Ayers Street  
 Corpus Christi, Texas 78404  
 (361) 852-0707  
 www.cc-montessori.com

## 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 Corpus Christi Montessori School is an equal opportunity employer.

**PERSONAL DATA:** (Please type or print.)

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

Address: \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Position for which you are applying _____	Date available _____
Salary Range Required: _____	
Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates (front and back, if appropriate) <input type="checkbox"/> All transcripts showing degrees. <input type="checkbox"/> Any certificates through TEA.	

Do you hold a valid teaching certificate?    ___ yes    ___ no
What state(s)? _____ What subject areas? _____
If you hold a valid teaching certificate, are you available for a full-time teaching position?    ___ yes    ___ no
Have you completed your fingerprinting process with ECOS?    ___yes    ___no
If yes, please provide copy of ECOS verification.

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administrator                      | <input type="checkbox"/> All level art                         | <input type="checkbox"/> Vocational (specify):<br>_____ |
| <input type="checkbox"/> Superintendent                     | <input type="checkbox"/> All level health and PE               | <input type="checkbox"/> Nurse                          |
| <input type="checkbox"/> Principal                          | <input type="checkbox"/> All level music                       | <input type="checkbox"/> Visiting teacher               |
| <input type="checkbox"/> Mid-management Administrator       | <input type="checkbox"/> Librarian                             | <input type="checkbox"/> Supervisor                     |
| <input type="checkbox"/> Elementary                         | <input type="checkbox"/> Counselor                             | <input type="checkbox"/> Other (specify):<br>_____      |
| <input type="checkbox"/> Elementary and kindergarten        | <input type="checkbox"/> Special education (specify):<br>_____ |   |
| <input type="checkbox"/> Secondary (junior and senior 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 Corpus Christi Montessori Board? 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 Corpus Christi Montessori School. (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

# DPS Computerized Criminal History (CCH) Verification

## Corpus Christi Montessori School

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
(APPLICANT or EMPLOYEE NAME) (Please print)

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. (This is not a consent form, but serves as information for the applicant.) Authority for Corpus Christi Montessori School 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 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 at [www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory](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 Corpus Christi Montessori School 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.

**(This copy must remain on file with Corpus Christi Montessori School. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

CORPUS CHRISTI MONTESSORI SCHOOL

Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

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

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES ____	NO ____      ____ initial
Purpose of CCH: _____	
Empl ____	Vol/Contractor ____      ____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
<b>Retain in your files</b>	

Rev. 10/2020

REVISED: 12/2020