



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 SUPPORT 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:

- Resume
- High School Diploma/GED
- All transcripts showing degrees.
- Any certificates through TEA.

Education/Training

- ___ Not high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
- ___ High School Graduate ___ GED ___ Less than two years college
- ___ Two or more years' college ___ Bachelor's degree
- ___ Master's degree ___ Other training or education

Licenses/certifications held: _____

Name of School(s) Attended And Location	Course of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated (College Only)

Work Experience	Position/Title	Dates Employed	Reason for Leaving

Special Skills: (List specific skills and/or any machines or equipment you can operate)

1. _____ 3 _____
 2. _____ 4 _____

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.

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/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 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

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. 10/2020

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