

**West Oso Independent School District  
Personnel Office**

**Application Filing Instructions**  
**(Please Detach and Keep for your Records)**

An application must be completed in order to be considered for employment with West Oso Independent School District. Visit our website at [www.westosoisd.esc2.net](http://www.westosoisd.esc2.net) for employment opportunities.

**1. Complete Application, Forms, and Resume**

All information requested on the application, confidential report form, and criminal history record information addendum form should be filled out accurately and completely. Names, dates, addresses should be given in full. Put N/A where information does not apply. Sign and date all forms and return with resume to the Personnel Office located at 5050 Rockford Drive, Corpus Christi, Texas 78416.

**2. References**

References are called for on the application. References should include only those persons who have supervised the applicant's work experience. **Do Not detach confidential report to mail separately. This form must be turned in with your application, otherwise the application is considered incomplete.**

**3. College or High School Transcripts**

It is the responsibility of the applicant to provide the Personnel Office with copies of current college transcripts which include all college work, professional training and degree confirmations. **Upon employment**, an official transcript must be provided. Official transcripts should be mailed directly to the Personnel Office at 5050 Rockford Drive, Corpus Christi, TX 78416. Individuals hired for an auxiliary position are required to provide a copy of their high school diploma or GED certificate or an official high school transcript. Exemptions are limited to bus aides, custodians, and food service workers.

**4. Credentials**

A copy of your credentials must be submitted with your application or emailed to [dgutierrez@westsoisd.esc2.net](mailto:dgutierrez@westsoisd.esc2.net).

**5. Teaching Certificate**

A copy of your Texas Teacher Certificate, out-of-state certificate or college letter indicating you have applied for a certificate must be submitted with your application.

**6. Teacher Service Record**

Upon employment, original Teacher Service Records must be provided if applicant has prior employment with an educational entity.

**7. Physical Qualifications**

Upon employment, a completed physical examination (on school district form) and tuberculosis test must be provided prior to the first day of work. Substitutes are only required to complete a tuberculosis test.

**8. Inquiries**

Inquiries concerning applications and/or vacancies should be addressed between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

9. Your application will be kept on file for two years unless you indicate otherwise. Upon written request, you may have it deactivated or you may have it continued for an additional length of time.

10. Please keep us advised of any changes to name, address, telephone number or availability for employment.



Please indicate the position(s) you are applying or want to be considered for

<b>POSITIONS</b>	<p><u>ADMINISTRATIVE POSITION</u></p> <input type="checkbox"/> Principal <input type="checkbox"/> Assistant Principal <input type="checkbox"/> Executive Director of Business & Financial Services <input type="checkbox"/> Athletic Director <input type="checkbox"/> Maintenance/Transportation Director <input type="checkbox"/> Special Education Director <input type="checkbox"/> Special Programs Director <input type="checkbox"/> Superintendent <input type="checkbox"/> Assistant Superintendent of Instructional Services <p><u>OTHER</u>  <input type="checkbox"/> Specify: _____          _____</p>	<p><b>AUXILIARY (cont'd)</b></p> <p><u>OFFICE</u></p> <input type="checkbox"/> Accountant <input type="checkbox"/> Clerk, Accounts Payable/Bookkeeper <input type="checkbox"/> Clerk, Attendance <input type="checkbox"/> Clerk, Payroll <input type="checkbox"/> Clerk <input type="checkbox"/> Coordinator, PEIMS <input type="checkbox"/> Licensed Vocational Nurse (LVN) <input type="checkbox"/> Network Adm./Computer Technician <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Receptionist <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Truant Officer <input type="checkbox"/> Tutor <input type="checkbox"/> Webmaster <p><u>CAFETERIA</u></p> <input type="checkbox"/> Food Service Supervisor <input type="checkbox"/> Cafeteria Manager <input type="checkbox"/> Cafeteria Truck Driver <input type="checkbox"/> Cafeteria Worker <p><u>MAINTENANCE</u></p> <input type="checkbox"/> Maintenance/Custodial/Trans. Supervisor <input type="checkbox"/> Carpenter <input type="checkbox"/> Custodian <input type="checkbox"/> Electrician/HVAC <input type="checkbox"/> Electrician/HVAC Helper <input type="checkbox"/> General Maintenance <input type="checkbox"/> Groundskeeper <p><u>TRANSPORTATION</u></p> <input type="checkbox"/> Bus Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Mechanic <p><u>OTHER</u>  <input type="checkbox"/> Specify: _____          _____</p>
	<p><u>PROFESSIONAL POSITION</u></p> <input type="checkbox"/> Teacher - Campus Level <input type="checkbox"/> PK-1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Athletic Trainer <input type="checkbox"/> Band Director <input type="checkbox"/> Band Director Assistant <input type="checkbox"/> Counselor <input type="checkbox"/> Diagnostician <input type="checkbox"/> Facilitator/Coordinator <input type="checkbox"/> Instructional Technology Specialist <input type="checkbox"/> Librarian <input type="checkbox"/> LSSP Psychologist <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Speech Language Pathologist <p><u>OTHER</u>  <input type="checkbox"/> Specify: _____          _____</p>	
	<p><u>AUXILIARY</u></p> <p><u>OFFICE</u></p> <input type="checkbox"/> Executive Secretary <input type="checkbox"/> Secretary to Manager/Director <input type="checkbox"/> Secretary to Principal <input type="checkbox"/> Secretary	

**Teaching Certificate Currently Held**

- None     Texas Standard Teaching Certification     Texas Probationary Certification  
 Teaching Certification in Other State \_\_\_\_\_     Other (specify): \_\_\_\_\_

Are you in an Alternative Certification Program     Yes     No    What agency \_\_\_\_\_

Have you taken EXCET or TExES content exam for specified position     Yes     No

Did you pass the exam?     Yes     No

Have you taken the Pedagogy and Professional Responsibilities exam     Yes     No

Did you pass the exam?     Yes     No

Are you in an internship program?     Yes     No

Have you applied for your certification?     Yes     No

**Grade Level(s) of Certification (as listed on Teaching Certificate)**

- PK-KG     PK-6     PK-12     EC-4     EC-12     1-6     1-8     4-8     6-12     8-12     9-12     All-Level

**Area(s) of Certification (as listed on Teaching Certificate)**

STATE BOARD OF EDUCATOR CERTIFICATION

	List Grade Level(s)		List Grade Level(s)
<input type="checkbox"/> Superintendent	_____	<input type="checkbox"/> Learning Res. Endorsement	_____
<input type="checkbox"/> Administrator	_____	<input type="checkbox"/> Librarian	_____
<input type="checkbox"/> Principal	_____	<input type="checkbox"/> Life-Earth Science	_____
<input type="checkbox"/> Mid-Management Administrator	_____	<input type="checkbox"/> Life Science	_____
<input type="checkbox"/> Supervisor	_____	<input type="checkbox"/> Master Math Teacher	_____
<input type="checkbox"/> Art	_____	<input type="checkbox"/> Master Reading Teacher	_____
<input type="checkbox"/> Basic Business	_____	<input type="checkbox"/> Master Science Teacher	_____
<input type="checkbox"/> Bilingual	_____	<input type="checkbox"/> Math	_____
<input type="checkbox"/> Bilingual/ESL	_____	<input type="checkbox"/> Math/Phys. Science/Engineering	_____
<input type="checkbox"/> Bilingual/ESL-Spanish	_____	<input type="checkbox"/> Music	_____
<input type="checkbox"/> Biology	_____	<input type="checkbox"/> Physical Education	_____
<input type="checkbox"/> Business Composite	_____	<input type="checkbox"/> Physical Science	_____
<input type="checkbox"/> Chemistry	_____	<input type="checkbox"/> Physics	_____
<input type="checkbox"/> Counselor	_____	<input type="checkbox"/> Physics/Mathematics	_____
<input type="checkbox"/> Dance	_____	<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Earth Science	_____	<input type="checkbox"/> Reading Specialist	_____
<input type="checkbox"/> Educational Diagnostician	_____	<input type="checkbox"/> Science	_____
<input type="checkbox"/> Elementary	_____	<input type="checkbox"/> Science Composite	_____
<input type="checkbox"/> Elem. Early Childhood Education	_____	<input type="checkbox"/> Social Science Composite	_____
<input type="checkbox"/> Elementary Self-Contained	_____	<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> English	_____	<input type="checkbox"/> Social Studies Composite	_____
<input type="checkbox"/> English Language Arts	_____	<input type="checkbox"/> Spanish	_____
<input type="checkbox"/> English Lang. Arts Composite	_____	<input type="checkbox"/> Special Education	_____
<input type="checkbox"/> English Lang. Arts and Reading	_____	<input type="checkbox"/> Speech	_____
<input type="checkbox"/> English Lang. Arts and Rdg/SS	_____	<input type="checkbox"/> Speech and Drama	_____
<input type="checkbox"/> English as a Second Language	_____	<input type="checkbox"/> Speech Communications	_____
<input type="checkbox"/> Generalist	_____	<input type="checkbox"/> Speech Comm./Theatre Arts	_____
<input type="checkbox"/> Geography	_____	<input type="checkbox"/> Theatre Arts	_____
<input type="checkbox"/> Government	_____	<input type="checkbox"/> Vocational Home Economics	_____
<input type="checkbox"/> Health Education	_____	<input type="checkbox"/> Vocational Marketing Education	_____
<input type="checkbox"/> Health and Physical Education	_____	<input type="checkbox"/> Vocational Office Education	_____
<input type="checkbox"/> History	_____	<input type="checkbox"/> Vocational Trades and Industry	_____
<input type="checkbox"/> Journalism	_____	<input type="checkbox"/> Other (specify): _____	_____
<input type="checkbox"/> Kindergarten	_____		

List subject area(s) with 12 or more college hours but without certification

\_\_\_\_\_

\_\_\_\_\_



Each person who applies to be a **bus driver** must provide the following information at the time of application.  
Note: Bus drivers must pass a physical examination and drug test.

Hours available for work \_\_\_\_\_ Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

Do you have a Texas School Bus Driver Training Certificate?.....  Yes  No

Have you ever had a driver's license suspended, revoked, or cancelled? .....  Yes  No

If you answered yes, explain \_\_\_\_\_  
\_\_\_\_\_

Are there any criminal charges or proceedings pending against you? .....  Yes  No

If you answered yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any traffic violation? .....  Yes  No

If yes, state where, when, and the nature of the offense \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the past two years, have you failed an employer's alcohol or drug test? .....  Yes  No

If you answered yes, explain \_\_\_\_\_  
\_\_\_\_\_

**BUS DRIVER ADDENDUM**

- Do you have a relative who serves on the West Oso ISD Board of Trustees?  Yes  No  
If yes, please provide the relative's name and relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

(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.)



West Oso Independent School District  
5050 Rockford Drive  
Corpus Christi, Texas 78416

(361) 806-5900

Fax (361) 225-8300

**Criminal History Record Information Addendum\***  
**CONFIDENTIAL**

The West Oso Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

**Please print.**

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

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

Ethnicity:  American Indian/Alaskan Native  Asian/Pacific Islander

Black, not Hispanic  Hispanic  White

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used **solely** for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\* This form will be removed from the application and filed separately in the personnel office.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) 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.

APPLICANT or EMPLOYEE NAME (Please print)

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 of \$24.95 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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

# STOP! To Be Completed By Administrator

West Oso Independent School District  
Employment Reference Form – Professional Personnel

Applicant \_\_\_\_\_

Reference Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Campus \_\_\_\_\_

District/firm \_\_\_\_\_

Phone \_\_\_\_\_

## Areas of Inquiry

1. Dates of employment \_\_\_\_\_ How long have you known applicant? \_\_\_\_\_
2. What was your relationship to applicant? \_\_\_\_\_
3. Applicant's job title/responsibilities \_\_\_\_\_
4. Reason for leaving \_\_\_\_\_
5. Attendance \_\_\_\_\_
6. Rapport with student's \_\_\_\_\_
7. Relationship with coworkers and supervisor \_\_\_\_\_
8. Maturity of judgment \_\_\_\_\_
9. Parent and community acceptance \_\_\_\_\_
10. Greatest Strength \_\_\_\_\_
11. Greatest Limitation \_\_\_\_\_
12. How would you rate applicant's job performance on a scale of 1-10 (10 being the highest)?  
\_\_\_\_\_
13. Would you rehire this person? \_\_\_\_\_
14. Describe position for which applicant has applied. Then ask the following: would this applicant be suited to a position of this nature? \_\_\_\_\_  
\_\_\_\_\_

## Additional Comments

Reference checked by \_\_\_\_\_ Date \_\_\_\_\_