

# East Fort Worth Montessori Academy

## Application for Employment

(Please Print Clearly)

East Fort Worth Montessori Academy (EFWMA) 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 law.

### I. Personal Information

Today's Date \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

How were you referred to EFWMA? \_\_\_\_\_

Do you have any friends or relatives working for EFWMA?  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 arrested, charged or 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/Business	_____	_____	_____	_____
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: \_\_\_\_\_  
\_\_\_\_\_  
Company Name Supervisor's Name (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
Name Name Phone Number Annual or Contact  
Hourly Salary Permission

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

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
Company Name Supervisor's Name (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
Name 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? \_\_\_\_\_

**East Fort Worth Montessori Academy**

**DPS Computerized Criminal History (CCH) Verification**

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 Li 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 \$\_\_\_\_\_ to the fingerprinting services company, LI 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**

\_\_\_\_\_  
**Applicant Date of Birth**

\_\_\_\_\_  
**Date**

East Fort Worth Montessori Academy  
**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>	
<b>CCH Report Printed:</b> _____	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

# Employee Demographic Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Title First Middle Int. Last Generation

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip Code: \_\_\_\_\_

Street Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ TX Zip Code: \_\_\_\_\_

Male / Female      Ethnicity: 01 American Indian   02 Asian/Pacific Islander   03 Black, not of Hispanic Origin  
Gender (Circle One)      (Circle One)   04 Hispanic   05 White, not of Hispanic Origin

Drivers License No.: \_\_\_\_\_      Single   Married   Divorced   Widowed      No. of Dependents: \_\_\_\_\_  
Marital Status (Circle One)      No. of Children: \_\_\_\_\_

**Eligible Dependents are:**

- ✓ Your Spouse
- ✓ Your unmarried natural, adopted, foster, or stepchild younger than 25 years of age with whom you have a regular parent-child relationship.
- ✓ Your unmarried natural, adopted, foster, or stepchild who is mentally retarded or physically incapacitated to such an extent as to be dependent.
- ✓ Any other individuals who are required to be covered under applicable law.

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

\*\* Completed by Employer\*\*

Position/Title: \_\_\_\_\_ Employment Date w/ EFWMA: \_\_\_\_\_

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

Pay Type (Circle One):	Educational Level (Circle One):	Number of - -
(1) Contract Employee or Professional	(0) No Degree	Hours Worked per day: _____
(2) Non-Contract Empl or Paraprofessional	(1) Bachelor's	Days in Annual Contract: _____
(3) Hourly Employee	(2) Master's	Days Employed this School Year: _____
(4) Substitute	(3) Doctorate	Contracted Term in years: _____

Contract Begin Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_ # Months in Contract: \_\_\_\_\_

**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.

**Substitutes – Service retirees** may be employed as a substitute for an unlimited number of days and continued to receive a monthly annuity payment. To qualify as substitute employment, the retiree must be paid no more than the daily rate of substitute pay as established by the employer. **Disability retirees** are limited to 90 days per standard school year (Sept – August).

**One-Half Time – Service Retirees** may be employed one-half or less during the calendar month and continue to receive a monthly annuity payment. **Disability retirees** are limited to 90 days of employment each standard school year. They may either work, as a substitute paid at the employer's daily rate of substitute payment or in a position of one-half time or less of the time required of the full-time position.

**Full Time –** Retirees employed full time (more than 51% of the full-time workload) will forfeit their retirement annuity payment for each month that they are employed full time. **Exception Service retirees** may work in one or more positions on as much as a full-time basis for as many as six calendar months of the standard school year without forfeiting the monthly annuity payments for the six months worked.

**Acute Shortage Area Exception** is limited to certified classroom teachers employed in public schools. Service retirees are allowed to teach as a classroom teacher in an acute shortage area on as much as a full-time basis without forfeiture of benefits if they meet the statutory requirements.