# 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. Persona	l Information		Today's Date_			
Title	First	Middle Initial	Last		Birth Date	Male Female
Current Address	s: Street Number		City,	State	Zip Code	County
Permanent Addr	ess: (if different than above)	Street Number	City,	State	Zip Code	County
()_	<del></del>	_ ()		(	Business Phone N	<del>.</del>
Home	Phone Number	Cellular Ph	one Number	1	Business Phone I	Number
Social	Social Security Number Emergency Contact Person		Contact Person	( Em	ergency Contact P	hone Number
	Email					
Position	Applying For:					Who
referred you	ı to EFWMA?					
Do you have	e any friends or relative	es working for EFWN	1A?		□Ye	es 🗌 No
If yes, who a	and what is the relation	ship?				
	you present evidence of right to live and work	-	nip or proof		☐ Ye	s 🗌 No
you are appl	e to perform the essen lying, either with or with tion? If no, describe th	thout reasonable			☐ Ye	s 🗌 No
•	ver been convicted of a nature of the crime(s),	•	•	•		es No
	cant will be denied employm , the surrounding circumsta					
II. Education	onal History School	Name/Location	ears Completed	Degree/D	iploma Ce	ertification(s)
College/ Uni	iversity					
Advanced D	egree(s)					
Vocation/Bu	siness					

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 I	_eaving:	
		(	) -	Yes No
Company Name		Supervisor's Name	Phone Number	Annual or Contact Hourly Salary Permission
Dates Employed:	to	Reason for I	_eaving:	
		(		·\$Yes No
Company Name		Supervisor's Name	Phone Number	Annual or Contact Hourly Salary Permission
Dates Employed:	to	Reason for I	_eaving:	
		(		<u>\$</u> Yes No
Company Name		Supervisor's Name	Phone Number	Annual or Contact Hourly Salary Permission
Dates Employed:	to	Reason for I	_eaving:	
		(	, ) -	Yes No
Company Name		Supervisor's Name	Phone Number	Annual or Contact Hourly Salary Permission
Dates Employed:	to	Reason for I	_eaving:	
		(		
Company Name		Supervisor's Name	Phone Number	Annual or Contact Hourly Salary Permission
Dates Employed:	to	Reason for I	_eaving:	
		(	, ) -	Yes No
Company Name		Supervisor's Name	Phone Number	Annual or Contact Hourly Salary Permission
References List below three (3) pers three (3) years.	ons not rela	ated to you who have kn	owledge of your	work performance within the la
Name of Reference			Years Know	n Telephone Number
				- ()
				_ ( ) -
				——————————————————————————————————————

#### East Fort Worth Montessori Academy

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

l,	, have been notified tha	t a Computerized Criminal		
APPLICANT or EMPLOYEE NAME (Please print)  History (CCH) verification check will be performed by accessing will be based on name and DOB identifiers I supply.	ng the Texas Department of Public S	afety Secure Website and		
Because the name-based information is not an exact s identification to criminal history, the organization conducting the allowed to discuss any criminal history record information obtainay request that I have a fingerprint search performed to clear search.	ne criminal history check for backgroained using the name and DOB mether.	ound screening is not nod. Therefore, the agency		
For the fingerprinting process I will be required to subthrough the Texas Department of Public Safety AFIS (Automat that in order to complete this process I must make an appoint of my fingerprints, request a copy be sent to the agency listed company, LI Enrollment Services.	ed Fingerprint Identification System) ment with Li Enrollment Services, su	. I have been made aware bmit a full and complete set		
Once this process is completed and the agency receiv history record may be discussed with me.	es the data from DPS, the information	on on my fingerprint criminal		
(This copy must remain on file by your	agency. Required for future DP	S Audits)		
Signature of Applicant or Employee	Applicant Date of Birth			
Date	Please:			
East Fort Worth Montessori Academy	Check and Initial each Applicable Space			
Agency Name (Please print)	CCH Report Printed:			
Agency Representative Name (Please print)	YES NO	initial		
	Purpose of CCH:			
Signature of Agency Representative	Hire Not Hired	initial		
Date	Date Printed:	initial		
	Destroyed Date:	initial		
	Retain in your	files		

### Employee Domographic Information

	Employee Demograpi	nic information
Name:	Middle Int. Last	SSN:
Title First	Middle Int. Last	Generation
Mailing Address:	City:	TX Zip Code:
Street Address (if differ	•	
——————————————————————————————————————	,	TX Zip Code:
	hnicity: 01 American Indian 02 Asian/Pacifircle One) 04 Hispanic 05 White, not of Hi	
Drivers License No.:		Divorced Widowed No. of Dependents: Status (Circle One) No. of Children:
of age with whom ✓ Your unmarried r or physically incap ✓ Any other individe	natural, adopted, foster, r stepchild you have a regular parent-child resatural, adopted, foster, or stepchild pacitated to such an extent as to be uals who are required to be covered by any other public or charter schember receiving TRS annuity payments	lationship. d who is mentally retarded e dependent. ed under applicable law. ool? Yes No
Н	uman Resources Employ  ** Completed by	•

Position/Title:	Em	ployment Date w/ EFWMA:
Original TRS Enrollment Date (including years of	f service in other	districts):
Pay Type (Circle One): Educati (1) Contract Employee or Professional (2) Non-Contract Empl or Paraprofessional (3) Hourly Employee (4) Substitute	cational Level (Circle One): Number of  (0) No Degree Hours Worked per day:  (1) Bachelor's Days in Annual Contract:  (2) Master's Days Employed this School Year:  (3) Doctorate Contracted Term in years:	
Contract Begin Date: Contract End Dat	e:	# 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 annuity.	retirees is crucial in	preventing the forfeiture of the retiree's monthly

Substitutes - Service retirees may he 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.