

Employment

Our Lady of Sorrows School

Dear Applicant,

- **Complete and return the employment application.**
- **Provide official transcripts from all accredited institutions (university/college/high school if applicable).**
- **Arrange to have at least two reference letters mailed or submitted sealed with the application.**
- **Complete the Criminal Background Search and Authorization and Release forms. All employment is contingent upon successful completion of the background check.**
- **If employment is a possibility, applicant will be asked to obtain a fingerprint scan.**
- **All documents should be returned to;**

Our Lady of Sorrows School

1100 Gumwood Ave.

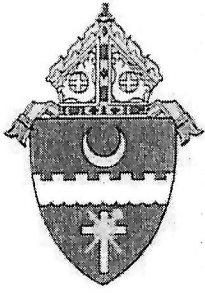
McAllen, Tx 78501

(956)686-3651

Thank you for your interest in Catholic Education.

Yours in Christ,

Mr. Israel Martinez, Principal



Catholic School Office
Diocese of Brownsville
700 N. Virgen de San Juan
San Juan Texas 78589
Phone (956) 787-8571
Fax (956) 784-5081

APPLICATION

Position Desired: (check all applicable boxes)

- ☐ Principal / Assistant Principal _____
- ☐ Elementary Grades in order of preference (K-5) 1st _____ 2nd _____ 3rd _____
- ☐ Subjects in Grades 6-8 in order of preference 1st _____ 2nd _____ 3rd _____
- ☐ Subjects in Grades 9-12 in order of preference 1st _____ 2nd _____ 3rd _____
- ☐ Counselor _____ Librarian/Library _____ Substitute _____ Instr. Aide _____ Other _____
(Indicate desired position)

PERSONAL DATA

Last Name _____ First _____ Middle _____ Maiden/Other Names Used _____ Date of Application _____

Mailing Address _____ City _____ State/Zip _____

Home Phone _____ Cell Phone _____ Email address _____

Religion: _____ Parish: _____

If employed, can you submit verification of your legal right to work in the United States?

Yes _____ No _____ If no, explain: _____

CURRENT EMPLOYMENT

Present Employer: _____

Mailing Address _____ City _____ State/Zip _____ Phone Number _____

Present Position Title: _____

Grade: _____ Subject(s): _____

Please indicate any of the below listed extra-curricular activities which are part of your present past assignment(s).

___ Sports ___ Drama ___ Music ___ Yearbook/Newspaper Other _____

Enter below any CCD or other formally organized out-of-school religious education programs, for either children or adults, in which you assist. _____

Parish School Name: _____ Grade Level: _____ Hrs/Wk: _____ # of students _____

EDUCATIONAL BACKGROUND

Please list your educational background beginning with the most recent and continuing back to high school.

Name of School	City/State	Hrs. Earned	Degree Earned	G.P.A.

College Major (24 or more semester hours): _____

College Minor (15 or more semester hours): _____

Total Number of Semester Hours you have earned in Elementary Secondary Education: _____

Graduate Degree Field: _____

Student Teaching: School Name City/State Grade Level Date

Courses taken in Religious education in the last 5 years: (List: type, duration, location & credit earned.)

Do you hold a Catechetical Certificate? ___ YES ___ NO If yes, what (Arch) Diocese? _____

Certificates (teaching and/or other):

State Agency	Type	Certificate #	Date Issued	Date Expires

List major workshops, seminars, grants, or summer programs in which you have participated in the last five (5) years and which were not part of a degree program. (Do not include conventions or single meetings)

ADMINISTRATIVE AND/OR TEACHING BACKGROUND

Please list your employment background beginning with the most recent.

School Name	City/State	Title	Subject	Grade	From/To

OTHER EXPERIENCE

Please list other full-time non-educational employment during the past five (5) years, whether or not it has pertinence for a position in education. In addition, list other experiences which though not academic, have been of service in preparing you for a position in education. Please begin with the most recent.

Employer	Address	Nature of Experience	From/To

Have you ever worked for the Diocese of Brownsville?

☐ YES

☐ NO

If yes, when and in what capacity? _____

Have you ever served in any branch of the U.S. Military Service?

☐ YES

☐ NO

If yes, did you receive anything other than an Honorable Discharge?

☐ YES

☐ NO

Please check if you have experience in any of the following:

- | | |
|--|--|
| <input type="radio"/> VISTA | <input type="radio"/> Special Education |
| <input type="radio"/> Peace Corps | <input type="radio"/> Military Administration |
| <input type="radio"/> Teacher Corps | <input type="radio"/> Other Administration |
| <input type="radio"/> Teaching Migrants | <input type="radio"/> Community Youth Program or Summer Camp |
| <input type="radio"/> Community Schools (Military) | <input type="radio"/> Alliance for Catholic Education |

Please check below the county/counties in which you prefer to work:

_____ Cameron _____ Hidalgo _____ Starr

REFERENCES

Please list the name, title, address, and phone number for those individuals who will be supplying a reference for you, beginning with the most recent employer.

Name	Title	Address/City/ Zip Code	Phone Number

PERTINENT INFORMATION

Have you been convicted, pled guilty, pled nolo contendere, or received deferred adjudication for a felony or misdemeanor?

____ YES ____ NO

If yes, explain in concise detail on a separate sheet of paper the dates and nature of the offense(s), the name(s) and location(s) of the court(s), and the disposition of the case(s).

*** NOTE: A conviction may not disqualify you, but a false statement will. ***

VERIFICATION

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided below.

I hereby certify that the answers to all of the foregoing questions are true, complete and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or if employed, cause to dismissal. I also understand that, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations set forth in the handbooks and manuals of the school and the Catholic Schools Office.

In connection with my application for employment with the Catholic Diocese of Brownsville (the "Diocese"), I understand that inquiries will be made concerning my employment background and qualifications, character, education and other related matters, such as criminal and driving records. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to the Diocese any and all information relating to my employment or educational record. This may include, but is not limited to, academic achievement, work habits, job performance, attendance and or abilities, disciplinary actions, arrests and conviction records.

I hereby release any individual, agency, or company, including records custodians, from any and all liability for damage of whatever nature which may at any time result from compliance with this authorization. I agree that the Diocese shall not be held liable if the job offer is subsequently withdrawn.

I authorize the references listed to give you any and all information concerning my previous employment and any information they may have, personal or otherwise, and release all such parties from any liability for any damage that may result from furnishing the same to you.

I acknowledge that this application becomes the property of the Catholic Schools Office of the Diocese of Brownsville, and that the Diocese reserves the right to accept or reject it.

Signature of Applicant: _____ Date: _____

Please Return Completed Application to:

Diocese of Brownsville
Superintendent of Catholic Schools
700 N. Virgen de San Juan Blvd.
San Juan, Texas 78589

Pre-Employment Affidavit for Applicant (No Notarization)
For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendere), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- ☐ I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- ☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be false. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____
- ☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be true. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____,
County State Date Month Year

(Signature of Declarant)

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.

Approved by the Texas Commissioner of Education, May 2020. Modified by TCCB ED for use in Texas Catholic Schools.

September 2019 - Revised 5/2020



TO THE APPLICANT:

Please give this professional reference form to the person you want to recommend you. Please request that the reference person complete this form and mail it back to address listed .

A letter of recommendation or placement folder may be included along with this form.

APPLICANT NAME

POSITION

DATE

STATEMENT OF AUTHORIZATION:

"I hereby give the Department of Catholic Schools permission to make inquires of reference with former employers concerning my general character and professional performance. I hereby authorize the party receiving this form to give full and complete information as may be requested by them or me. I further agree that the information will not be disclosed to me, but will be treated as confidential, and I waive my right to see this information."

APPLICANT'S SIGNATURE / DATE

	EXCELLENT	VERY GOOD	AVERAGE	FAIR	POOR
General Appearance (attractive, neat)					
Attendance					
Personality (wholesome, pleasing)					
Social Qualities (maturity, communication)					
Character (evidence of strength)					
Ethics (professional relationships)					
Emotional Stability (self-control, adjusted)					
Citizenship (community standing)					
Oral Communication Skills					
Written Communication Skills					
Intellectual Capacity (alert, responsive)					
Knowledge Of Subject Area					
Attitude Toward Students (interested, caring)					
Attitude Toward Teaching					
Leadership Skills (if applicable)					
Communication With Parents (professionally effective)					
Discipline (effective, constructive)					
Up-To-Date Professionally (continual professional growth)					
Overall General Rating					

How long have you known the applicant? _____

Would you recommend him/her for employment as a teacher / administrator? _____

If no, why not? _____

The above information is based on: (check the items which apply)

- ☐ Personal acquaintance with applicant.
- ☐ Worked under my supervision.
- ☐ Student teacher under my supervision.
- ☐ Student in my class.

Comments: _____

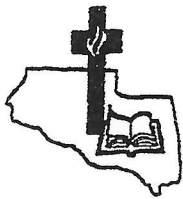
REFERENCE'S NAME (Print)

TELEPHONE NUMBER

INSTITUTION

POSITION

REFERENCE'S SIGNATURE / DATE



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- ☐ Student teacher under my supervision.
- ☐ Student in my class.

Comments: _____

REFERENCE'S NAME (Print) _____

TELEPHONE NUMBER _____

INSTITUTION _____

POSITION _____

REFERENCE'S SIGNATURE / DATE _____



IdentoGO
By MorphoTrust USA

Diocese of Brownsville (Catholic Schools)

Texas Fingerprint Service Code Form

Service Name: Diocese of Brownsville (Catholic Schools)

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11F26K

When prompted, please provide the following Contractor ID Number

7420

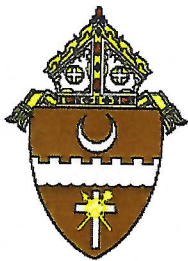
Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080



DIocese OF BROWNSVILLE CATHOLIC SCHOOLS OFFICE



Criminal Background Authorization and Verification Form Return this form to the Catholic School Office

I, _____, understand that the validation of any employment / volunteer agreement with _____ Catholic School for the position of _____ is contingent upon the successful completion of the check of my **Criminal History Record Information** from the Department of Public Safety, the Texas Department of Criminal Justice, the Federal Bureau of Investigation identification division, or any other law enforcement agency. Successful completion of the check is the final judgment of the Superintendent of Schools for the Diocese. **No information from the criminal history record check other than clearance to validate contract or non-clearance will be communicated by the Superintendent to anyone.** I understand that 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 Automated Fingerprint Identification System (AFIS). I have been made aware that in order to complete this process I must make an appointment with Morpho Trust USA, submit a full and complete set of my fingerprints, request a copy to be sent to the Diocese of Brownsville Catholic Schools Office listed below and pay the required fee to the fingerprinting services company, Morpho Trust USA. *IF after the criminal history information check, the Superintendent communicates a judgment of non-clearance, the principal will be required to terminate immediately any and all relationships between the school and the employee/volunteer. Salary for an employee would then be paid up-to-date on a per diem basis.*

By my signature I acknowledge my understanding of and agreement to all of the above.

<u>Print Name:</u>	<u>Signature:</u>	<u>Date:</u>
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Catholic Schools Office ONLY		Notification to the school principal: <input type="radio"/> Does not apply
<input type="radio"/> CLEARANCE	<input type="radio"/> NON-CLEARANCE	_____ is due to renew his/her Criminal Background Check on or before _____.
Superintendent's Signature	Date	MM/YYYY

Return to: Sr. Cynthia A. Mello, SSD
Superintendent of Schools
700 N. Virgen de San Juan San Juan, TX 78589

Rev. 1/99, 06/10, 01/13, 07/10/14,5/26/16,7/20

Fingerprinting
page 2 of 2

DPS Computerized Criminal History (CCH) Verification
(Diocese of Brownsville Catholic School Office COPY)

I, _____, have been notified that a Computerized
APPLICANT or EMPLOYEE NAME (Please print)
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.

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 Morpho Trust USA, 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, Morpho Trust USA.

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 in the Catholic Schools Office. Required for future DPS Audits)

Name of School Requesting the Criminal Background Check: Our Lady of Sorrows Catholic School

Signature of Applicant or Employee

Date

Diocese of Brownsville Catholic Schools Office
Agency Name (Please print)

Sr. Cynthia A. Mello, SSD, Superintendent of Schools
Agency Representative (Please print)

Superintendent's Signature

Date

Return to: Sr. Cynthia A. Mello, SSD
Superintendent of Schools
700 N. Virgen de San Juan
San Juan, TX 78589

Rev. 09/2012, 7/10/14

Catholic Schools Office use ONLY

Please Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH:

Hire _____ Not Hired _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in Catholic School Office files



DIOCESE OF BROWNSVILLE CATHOLIC SCHOOL OFFICE

Criminal Background Check Authorization Form

SECURE SITE NAME BASED SEARCH

I authorize the Diocesan Catholic School Office to obtain a copy of my criminal history record information from the Department of Public Safety, the Texas Department of Criminal Justice, the Federal Bureau of Investigation identification division, or any other law enforcement agency.

Name: _____
Last First Middle

Other Names Used: _____ Sex: M / F

Date of Birth: _____
Month Day Year

Social Security Number: _____ - _____ - _____

Texas Driver License Number: _____

Social Security Card and Texas Drivers License verified by: _____
Designated School Official

For employment/placement at: Our Lady of Sorrows Catholic School
(NAME OF SCHOOL)

Position Applied for: _____
(TITLE OR POSITION)

Have you ever been convicted of violating any law? _____
If yes, give date, place and details.) _____

A conviction record will not necessarily disqualify an applicant from employment. The nature of the offense will be considered in relation to the position applied for.

Signature: _____ Date: _____

Return to: Sr. Cynthia A. Mello
Superintendent of Schools
700 N. Virgen de San Juan
San Juan, TX 78589

Rev. 9/08, 6/10, 7/13, 7/10/14



DIOCESE OF BROWNSVILLE
CATHOLIC SCHOOL OFFICE

Criminal Background Check Authorization Form

I, _____, understand that the validation of any employment/volunteer agreement with Our Lady of Sorrows Catholic School is contingent upon the successful completion of the check of my **Criminal History Record Information** from the Department of Public Safety, the Texas Department of Criminal Justice, the Federal Bureau of Investigation identification division, or any other law enforcement agency. Successful completion of the check is the final judgment of the Superintendent of Schools for the Diocese. **No information from the criminal history record check other than clearance to validate contract or non-clearance will be communicated by the Superintendent to anyone.** I understand that 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 Automated Fingerprint Identification System (AFIS). 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 to be sent to the Diocese of Brownsville Catholic Schools Office listed below and pay the required fee to the fingerprinting services company, L1 Enrollment Services. *IF after the criminal history information check, the Superintendent communicates a judgment of non-clearance, the principal will be required to terminate immediately any and all relationships between the school and the employee/volunteer. Salary for an employee would then be paid up-to-date on a per diem basis.*

By my signature I acknowledge my understanding of and agreement to all of the above.

<u>Print Name:</u>	<u>Signature:</u>	<u>Date:</u>

Catholic Schools Office ONLY <div style="display: flex; justify-content: space-around; margin-top: 20px;"><input type="radio"/> CLEARANCE<input type="radio"/> NON-CLEARANCE</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;">_____ Superintendent's Signature_____ Date</div>	Notification to the school principal: _____ is due to renew his/her Criminal Background Check on or before _____ MM/YYYY
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Rev. 1/99, 06/10, 01/13, 7/10/14

Return to: Sr. Cynthia A. Mello, SSD
Superintendent of Schools
700 N. Virgen de San Juan
San Juan, TX 78589