



Education Service Center
 Region 19
 El Paso & Hudspeth Counties

6611 Boeing Drive Substitute Program
 El Paso, Texas 79925 PH: 915-780-5332
www.esc19.net FAX: 915-780-5010

ESC19 Substitute Academy Application

Social Security Number: **Date of Birth:** **Date of Application:**

_____ /__ /____ /__ /_____

You are being asked to provide your Social Security number as part of the program application process with the Education Service Center- Region 19. In accordance with The Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is optional except for purposes of receiving wages; however, failure to provide it may result in processing delays if we have multiple applicants with the same or similar names.

Education Service Center- Region 19 will utilize your social security number for the following reason(s):
 Required background check to be able to work with students within the region.

Should the Education Service Center- Region 19 require your social security number for any other purpose not listed above, we will obtain your consent before utilizing your social security number.

Below is the list of districts we serve within our region. Assignment to any of the 12 districts is based on district need.

Anthony ISD	El Paso ISD	Sierra Blanca ISD
Canutillo ISD	Fabens ISD	Socorro ISD
Clint ISD	Ft. Hancock ISD	Tornillo ISD
Dell City ISD	San Elizario ISD	Ysleta ISD

Personal Information (Use Legal Name Only):

_____ _____ _____
 First Name Last Name Jr., etc.

_____ _____ _____ _____
 M.I Maiden Home Phone Business Phone

_____ _____ _____ _____
 Address City State Zip Code

_____ _____
 Email Cell Phone

Languages other than English which you are proficient (Read- Write-Speak): Spanish

Other: _____

Employment Eligibility

Are you legally authorized to work in the United States on a full-time basis? (If employed by a school district, you will be required to complete an Employment Eligibility Verification Form (Form I-9) and produce documentation of your identity and authorization to work.) Yes No

Disability Statement (American with Disabilities Act [ADA])

If you have a disability and believe you may need special services or accommodations to assist you with the program, you are encouraged to contact the Director of Alternative Certification to discuss your needs. Please have medical documentation of needs or conditions. All discussions and documentation are kept confidential.

Education

Bachelor's Degree Granted: _____ from _____ located in _____
Month Year College/University City/State

Major: _____ Minor: _____

Master's Degree granted: _____ from _____ located in _____
Month Year College/University City/State

Major: _____ Minor: _____

List in order all colleges/universities attended:

College/ University	City, State	Date of attendance	Semester Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Degrees/Certifications

_____	_____	_____	_____
_____	_____	_____	_____

Military Experience

Date Entered / Separation Date	Military Branch	Final Rank	Military Component	Character of Service/ Discharge
			<input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

A military discharge other than honorable is not an absolute bar to acceptance into the program or to employment. Other factors are also considered in determining a final decision for acceptance into the program.

Applicant Testimony

I understand that failure to truthfully and accurately fill out this application is good cause for termination from the program.

Have you ever:

Been terminated or proposed for non-renewal? YES NO

Been requested to resign from a former position? YES NO

*NOTE: If you answer “YES” to any questions below, provide an explanation below. For criminal charges, specify all the charges, date(s), the disposition(s), and the name and address of the court(s), enter the judgement(s) or conviction(s).

Been arrested? YES NO

Had criminal charges filed against you? YES NO

Been convicted of a felony or misdemeanor offense involving moral turpitude? YES NO

Pleaded guilty or no contest to any felony or misdemeanor offense involving moral turpitude? YES NO

Been placed on probation? YES NO

Been placed on deferred adjudication whereby the criminal charges were eventually dismissed? YES NO

Charge	Date	Court and County/State	Disposition/ Comments
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An answer of “YES” to any of the questions above will not necessarily disqualify a qualified applicant from being considered for acceptance into the program or employment.

Notice: The Education Service Center- Region 19 conducts an extensive criminal history check on every applicant for acceptance into the program. Information contained in a person’s criminal history background stays with that person and is not removed over time. If you ever had charges filed, an arrest or conviction many years ago (even if the charges were dismissed), it will likely still be shown on your criminal history record. If any information is this application is incorrect or untrue in any material respect, the Education Service Center- Region 19 reserves the right to bar you from acceptance into the program. The Education Service Center- Region 19 takes very seriously the information contained in the program or employment applications. False information on this application can also subject you to criminal penalties under Section 37.10, Texas Penal Code.

Essay

As part of the application process, you are required to submit a written exercise. On the space below, please respond in English to the following question in approximately 150 words. The writing prompt is an item scored in the application process. If needed, continue on a separate piece of paper.

Prompt: Why do you wish to be accepted into the ESC19 Substitute Academy?

Agreement

1. Application processing fee of \$15 will be paid when the application is submitted. **This application fee is non-refundable.**
2. This application and the statements made herein become the property of the Education Service Center-Region 19 at the time application is submitted.
3. Please read the following statements carefully and indicate your understanding and acceptance by responding in the affirmative in the space provided.

My agreement below constitutes authorization to check my employment history, including without limitation: criminal arrest and conviction records checks; reference checks and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities the Education Service Center- Region 19 contacts in connection with my acceptance into the program to fully provide the ESC- Region 19 with all information it requests. I hereby release the ESC- Region 19, its members of the Board, employees and agents from any claims, including without limitation, defamation, emotional stress, invasion of privacy or interference with contractual relations that I might otherwise have against the ESC- Region 19, its agents, officials or against any provider of such information. I understand that information submitted in and with this application may be disclosed to school district personnel. I give my consent to this disclosure.

I certify I have read this form in its entirety and that the information herein is true, accurate and complete. I understand that, should any statement I have made prove false, or misleading, it may result in the rejection of my application or in my discharge of the program. If employed, I also understand that any misstatement or omission of fact on this application may result in discharge. I further understand and agree that acceptance of this application on my part does not constitute a program acceptance or an employment agreement.

4. The application is not complete unless all blanks are filled in or checked, and the application is signed. Incomplete applications will not be considered.

Eligible applicants must be ready to begin required training. I understand that formal acceptance into the ESC19 Substitute Teacher Academy is contingent upon ESC- Region 19 entrance requirements.

____ day of _____, _____
Date Month Year

LEGAL SIGNATURE OF APPLICANT
(My signature above certifies that I have read the Agreement terms listed above.)