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| Texas Workforce Commission logo | **Texas Workforce Commission**  **Career Schools and Colleges**  **School Director Application** | | | | | | | | | | | | |
| **Please mail this form, CSC-186 Fee Sheet, and associate fees when completed to:**  **TWC Career Schools and Colleges**  **101 East 15th Street, Rm. 226T**  **Austin, Texas** **78778-0001**  **Helpdesk:** [**career.schools@twc.texas.gov**](mailto:career.schools@twc.texas.gov) | | | | | **For TWC Use Only** | | | | | | | | |
| Receipt Number:  Fee Paid:  Date Paid:  Date Assigned:  Initialed By:  Professional Conduct: Yes  No | | | | | | | | |
| **School Information** | | | | | | | | | | | | | |
| TWC is responsible for licensing and regulating private postsecondary educational institutions (also known as career schools and colleges), as required under Texas Education Code Chapter 132 and the TWC rules in Texas Administrative Code Chapter 807. Use this application to apply for School Director of a Career School or College. | | | | | | | | | | | | | |
| School Number: | | | | School Legal Name (please print): | | | | | | | | | |
| School Physical Address (Street 1): | | | | School Physical Address (Street 2): | | | | | | | | | |
| City: | | | | State: | | | | | | ZIP Code: | | | |
| **Applicant Information** | | | | | | | | | | | | | |
| First Name (please print): | | | Middle Name (please print): | | | | | | | | Last Name (please print): | | |
| Previous Names Used: | | | | | | | | | | | | | |
| Social Security Number: | | | | | | | | Date of Birth: | | | | | |
| Telephone Number:  (   ) | | | | | | | | Date of Employment as School Director: | | | | | |
| **Educational History** | | | | | | | | | | | | | |
| Indicate the highest level of education you have achieved. Attach proof of your education, such as diplomas, certificates, and/or transcripts. Resume will not be accepted as proof. | | | | | | | | | | | | | |
| Highest Level Achieved: | | School Name, Address, City, ZIP Code: | | | Date Begun (mm/yy): | | | | Date Ended (mm/yy): | | | Major and/or Minor: | |
| |  | | --- | | **Professional Conduct** |   If you answer Yes to A, B, C, or D below, complete form CSC-014B Professional Conduct. Sign the form and obtain the signature of a school official certifying the truth and accuracy of all statements made to explain the circumstances. Attach CSC-014B to this application and submit it with the other required documents. | | | | | | | | | | | | | |
| Have you ever had a diploma, credential, license, or certificate denied, revoked, or suspended? Yes  No  Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct? Yes  No  Have you ever been sued successfully for fraud or deceptive trade practice? Yes  No  Have you ever been convicted of a felony or of a misdemeanor other than minor traffic offenses? Yes  No | | | | | | | | | | | | | |
| **Work Experience Information** | | | | | | | | | | | | | |
| Size of Career School (Select One): Small  or Large | | | | | | | | | | | | | |
| **Option 1:** Check all that apply for **large school.**  Total **two years** of experience as a director of a career school or college.  Total of **five years** of **administrative** experience   Total of **five years** of **management** experience  **Option 2:** Check all that apply for **small school.**  Total with **one year** of experience in **administration**   Total with **one year** of experience in **management** experience | | | | | | | | | | | | | |
| Job Title (1) (please print): | | | | | | | Start Date (mm/yy): | | | | | | End Date (mm/yy): |
| Employer Name: | | | | | | | Employer Address: | | | | | | |
| Supervisor First and Last Name: | | | | | | | Supervisor Telephone Number:  (   ) | | | | | | |
| Describe your work experience (administration and/or management): | | | | | | | | | | | | | |
| Job Title (2) (please print): | | | | | | | Start Date (mm/yy): | | | | | | End Date (mm/yy): |
| Employer Name: | | | | | | | Employer Address: | | | | | | |
| Supervisor First and Last Name: | | | | | | | Supervisor Telephone Number:  (   ) | | | | | | |
| Describe your work experience (administration and/or management): | | | | | | | | | | | | | |
| Job Title (3) (please print): | | | | | | | Start Date (mm/yy): | | | | | | End Date (mm/yy): |
| Employer Name: | | | | | | | Employer Address: | | | | | | |
| Supervisor First and Last Name: | | | | | | | Supervisor Telephone Number:  (   ) | | | | | | |
| Describe your work experience (administration and/or management): | | | | | | | | | | | | | |
| **Applicant Certification** | | | | | | | | | | | | | |
| I certify that the following statements are true and correct. I agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all information upon the request of the Texas Workforce Commission (TWC). I further agree and permit TWC to obtain from any person or entity information relating to my personal background, reputation, and character, and I expressly direct that any such person or entity release such information upon the request of TWC. I release, discharge, and exonerate TWC, its agents or representatives, and any person or entity so furnishing information from all liability of every kind arising. The foregoing consent and release are valid and binding while I am seeking or have received approval under the authority of Chapter 132 of the Texas Education Code.  **School directors are encouraged to take the** [**Representative Training**](https://www.softchalkcloud.com/lesson/serve/LW9qKFDAzHwOoy/html)**.** | | | | | | | | | | | | | |
| Applicants Signature:  **X** | | | | | | Date:  **X** | | | | | | | |
| **School Authorized Official Certification** | | | | | | | | | | | | | |
| As an officer, principal owner or board member, I have carefully reviewed and verified the qualifications of the proposed employee and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for Texas Career Schools and Colleges, Section 807.62(b). | | | | | | | | | | | | | |
| Owner or Owner Designee Signature:  **X** | | | | | | Date:  **X** | | | | | | | |
| Are you appointing a designated liaison other than who is approved? Yes  No  If yes, complete and submit form CSC-002DL Appointed Designated Liaison. | | | | | | | | | | | | | |
| **Notary** | | | | | | | | | | | | | |
| State of: | | | | | | | County of: | | | | | | |
| where witnessed. Subscribed and sworn to me this (mm/dd/yyy): | | | | | | | | | | | | | |
| My commission expires: (mm/dd/yyyy): | | | | | | | Notary Signature: | | | | | | |
| STAMP/SEAL: | | | | | | | | | | | | | |