



**Texas Workforce Commission
Career Schools and Colleges
School Director Application**

When completed, please mail this form, CSC-186 Fee Sheet, and associated fees to:

**TWC Career Schools and Colleges
101 East 15th Street, Room 226T
Austin, Texas 78778-0001**

Help Desk: 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 (please print)

Texas Workforce Commission (TWC) is responsible for licensing and regulating private postsecondary educational institutions (career schools and colleges), as required under Texas Education Code Chapter 132 and the TWC rules in Texas Administrative Code Chapter 807. This application is to apply for School Director of a Career School or College.

School Number: _____

School Legal Name: _____

School Physical Address (Street 1): _____

School Physical Address (Street 2): _____

City: _____

State: _____

ZIP Code: _____

Applicant Information (please print)

Applicant First, Middle, and Last Name: _____

Previous Names Used: _____

Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

Telephone Number (include area code): _____

Date of Employment as a School Director (mm/dd/yyyy): _____

Educational History (please print)

Indicate the highest level of education you have achieved. Attach proof of your education, such as diplomas, certificates, and/or transcripts. Résumé will not be accepted as proof.

Highest Level Achieved: _____

School Name and Address Including City, State, and ZIP Code: _____

Date Began (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.

A. Have you ever had a diploma, credential, license, or certificate denied, revoked, or suspended? Yes No

B. Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct? Yes No

C. Have you ever been sued successfully for fraud or deceptive trade practice? Yes No

D. Have you ever been convicted of a felony or of a misdemeanor other than minor traffic offenses? Yes No

Work Experience Information (please print)

Size of Career School (select one) Small Large

Option 1: Select all that apply for **large school**.

Total of 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: Select all that apply for **small school**.

One year of experience in administration

One year of experience in management

First Job Title: _____

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): _____

Second Job Title: _____

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): _____

Third Job Title: _____

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](#).

Applicant's Signature: _____

Date (mm/dd/yyyy): _____

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 their statements contained in this application.

To the best of my knowledge and belief, they are qualified for the position as required by the rules for Texas Career Schools and Colleges, Section 807.62(b).

Owner's or Owner Designee's Signature: _____

Date (mm/dd/yyyy): _____

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 (please print)

State of: _____

County of: _____ where witnessed. Subscribed and sworn to me this (mm/dd/yyyy): _____.

My commission expires (mm/dd/yyyy): _____.

Notary signature: _____

STAMP/SEAL: