

**WEST HARDIN COUNTY CONSOLIDATED
INDEPENDENT SCHOOL DISTRICT**
39227 Hwy 105
SARATOGA, TEXAS 77585
(936) 274-5061 EXT. 102



EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, RELIGION, SEX, MARITAL OR VETERAN STATUS, THE PRESENCE OF A MEDICAL CONDITION, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.
AN EQUAL OPPORTUNITY EMPLOYER

DATE OF APPLICATION _____ SOCIAL SECURITY No. _____

NAME _____
LAST FIRST MIDDLE INITIAL

CURRENT ADDRESS _____
STREET/BOX CITY STATE ZIP CODE

WORK PHONE _____ HOME PHONE _____

NAME USED ON RECORDS IF DIFFERENT FROM PRESENT NAME _____

POSITION FOR WHICH YOU ARE
APPLYING: _____

CREDENTIALS INCLUDED WITH APPLICATION:

- RESUME
- ALL TEACHING AND PROFESSIONAL CERTIFICATES
- ALL TRANSCRIPTS SHOWING DEGREES

DATE AVAILABLE _____ FORMER WEST HARDIN ISD EMPLOYEE: YES ___ NO ___

IF YES, GIVE DATES OF EMPLOYMENT: _____

SCHOOLS ATTENDED: LIST ALL APPLICABLE INFORMATION.

NAME & LOCATION OF SCHOOL	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA, DEGREE OR CERTIFICATE	GRADUATE Y/N

TYPE OF CERTIFICATE HELD NOW:

- NONE**
- VALID TEXAS**
- VALID OTHER STATE** _____
- EMERGENCY (TEXAS)**
- TEXAS ONE-YEAR CERTIFICATE: EXPIRATION DATE** _____
- TEXAS TEMPORARY ADMINISTRATIVE: EXPIRATION DATE** _____

AREA OF SPECIALIZATION: _____

LIST TEACHING EXPERIENCE BEGINNING WITH MOST RECENT YEAR:

NAME OF SCHOOL & LOCATION	TYPE OF ASSIGNMENT	DATES TAUGHT	REASON FOR LEAVING

PLEASE PROVIDE A COMPLETE LISTING OF ALL OTHER JOBS OR ADMINISTRATIVE POSITIONS YOU HAVE HELD IN THE PAST 10 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY. PLEASE ATTACH RESUME, IF AVAILABLE.

SCHOOL DISTRICT/FIRM NAME	POSITION/TITLE	DATES EMPLOYED	REASON FOR LEAVING

DO YOU HAVE A RELATIVE WHO IS A MEMBER OF THE WEST HARDIN I.S.D. BOARD OF EDUCATION?

YES NO IF YES, PLEASE GIVE THE NAME OF RELATIVE AND RELATIONSHIP:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OFFENSE INVOLVING MORAL TURPITUDE (INCLUDING, BUT NOT LIMIT TO THEFT, RAPE, MURDER, SWINDLING, AND INDECENCY WITH A MINOR)

YES NO IF YES, PLEASE STATE WHERE, **WHEN, AND THE NATURE OF THE OFFENSE:**

(CONVICTION OF A FELONY IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. THE DISTRICT WILL CONSIDER THE NATURE, DATE, AND RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION FOR WHICH YOU ARE APPLYING.)

PLEASE LIST BELOW REFERENCES WHO MAY BE CONTACTED REGARDING YOUR WORK HISTORY. PLEASE INCLUDE ALL MANAGERS/SUPERVISORS AT THE LAST TWO EMPLOYING ORGANIZATIONS WHO EVALUATED OR SUPERVISED YOUR PERFORMANCE.

FULL NAME OF REFERENCE	SCHOOL DISTRICT/FIRM NAME	MAILING ADDRESS	POSITION/TITLE	AREA CODE & PHONE NUMBER

I HEREBY AFFIRM THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY DELIBERATE FALSIFICATION, MISREPRESENTATIONS, OR OMISSIONS OF FACT MAY BE GROUNDS FOR REJECTION OF MY APPLICATION OR DISMISSAL FROM SUBSEQUENT EMPLOYMENT.

I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL SUCH PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT THE DISTRICT IS REQUIRED BY TEXAS EDUCATION CODE §21.917 TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON APPLICANTS SELECTED FOR EMPLOYMENT.

THIS APPLICATION BECOMES THE PROPERTY OF THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO ACCEPT OR REJECT IT. THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 90 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD MAY INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

SIGNATURE OF APPLICANT

DATE