

Education/Training

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate or license held	Year Graduated (college only)

Certification

Certificate or license currently held:

- None
- Valid Texas
- Valid Other State
- Texas Emergency
- Texas One-Year: Expires _____

Areas of Specialization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mid Management Administrator | <input type="checkbox"/> All Level Art | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> All Level Health/PE | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All Level Music | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Librarian | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Secondary (Jr./Sr. High) | | _____ |
| <input type="checkbox"/> Special Education (specify) | | _____ |
| _____ | | |

List teaching experience beginning with most recent years.

Name and location of school	Type of assignment	Dates Taught	Reason for leaving

Other Work Experience

Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach a resume if available.

School district/Firm name	Position/Title	Dates Employed	Reason for leaving

Professional Data

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/articles published:

Seminars/workshops conducted:

Other related professional activities:

General Information

Do you have a relative who serves on the Tioga ISD Board of Education?

___ yes ___ no If yes, please provide the relatives name and relationship: _____

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

___ yes ___ no If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

(A felony conviction 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.)

References

Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full name of reference	School District/Firm Name	Mailing address	Position/Title	Phone Number

Verification

I hereby affirm that all information provided in this application is true and accurate to the best of knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of the fact may be grounds for rejection of my application of dismissal from subsequent employment. I authorize the references listed on the previous page to give you and all information concerning my previous employment and any pertinent information they may have, personal otherwise, and release all such parties from liability for any damages that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

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 not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time may inquire as to whether or not applications are being accepted at this time.

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? _____yes _____no

If YES, please explain below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

City/Town	County	State	Dates From	To

I HERBY CERTIFY THAT ALL INFORMATION PROVIDED IN THE AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION IF THE DISTRICT.

Signed this _____ day of _____, 20 _____

Applicant (print name) _____

Applicant signature _____