# TIOGA INDEPENDENT SCHOOL DISTRICT PO BOX 159 TIOGA, TX 76271

### EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Personnel Data			
Date of Application:	Social Security Num	nber:	
Name:			
Last	First	Middle	?
Current Address:	City	State	Zip
Other address where you may be re	ached:		
Work Phone:	Home Phone:		
Email Address:			
Other names that may appear on rec (Used only for reference checks)	cords		
Position Data			
List the positions you are applying	for:		
Credentials included with application	on		
Resume All teaching and profe All transcripts showing		es	
Date you can begin working			
Have you been employed by Tioga	ISD in the past?yes	no	
If you answered yes, provide dates	of employment.		

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate or license held	Year Graduated (college only)
			(congruent)
Certification			
certification			
Certificate or license cur	rrently held:		
	•		
None			
Valid Texa			
Valid Othe			
Texas Eme			
Texas One-	-Year: Expires		
Areas of Specialization:			
Areas of Specialization.			
Mid Management	Administrator		
	All Level Ar	4	Vocational
Administrator			
Administrator Superintendent	All Level He		Nurse
Superintendent		ealth/PE	Nurse Visiting Teacher
	All Level He	ealth/PE	Nurse Visiting Teacher
Superintendent Principal	All Level He All Level M Librarian	ealth/PE	Nurse

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 prof race, age, ethic origin, or	essional activities. Omit ror religion.	references to organization	s that would reveal
Papers/articles publishe	d:		
Seminars/workshops co	onducted:		
Other related profession	nal activities:		
General Information			
Do you have a relative	who serves on the Tioga I	SD Board of Education?	
yesno relationship:	If yes, please provide the	relatives name and	
	nvicted of or plead guilty of turpitude (including, but inor)?		
	If yes, please state where dismissed as a condition		

(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.

# CONSENT TO PERFORM CRIMINAL BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name First Name		Middle Initial
Maiden and/or Other Names Use	ed	
City**	County**	State**
//19	<del>-</del>	
Date of Birth	Social Security Number	Drivers License Number
advised that as a part of the appliconsent to the district use of any history check.  The district has informed me that	, am an applicant for employmentation process, the district conducts a criminformation provided during the application to I have the right to review and challenge at the ffer employment. In addition, I have been in	inal background check. I do herby in process in performing the criminal in no negative information that would
opportunity to clear up any mista discretion of the district. Under t	aken information reported within a reasonal the Fair Credit Reporting Act, I have been a telephone number of the reporting agency a	ble time frame established within the sole advised that upon request I will be
questions with a YES answer:  1. Have you ever been cor	to questions about my criminal record histonvicted or plead guilty before a court of any	
offense? (Excluding miyes  If YES, please provide an ex	no	
2. Have you ever received decriminal offense?yes	eferred adjudication or similar disposition f	for any federal, state, or municipal
If YES, please provide and o	explanation below:	
00 0	robation or community supervision for any no	federal, state or municipal criminal

If YES, please exp	lain below:			
			OUNTIES AND STAT	
			GRADUATION. YOU	J MUST BI
SPECIFIC AB	OUT DATES OF R	RESIDENCE.		
City/Town	County	State	Dates From	To
enty rown	County	State	Duces 110m	10
			-	· ·
I HERRY CEI	TIFV THAT ALL	INFORMATIO	N PROVIDED IN T	HE
			COMPLETE. I UND	
			E INCORRECT OR	
			ANY AND ALL OF	
			SED AT THE DISC	
DISTRICT.				
Signed this		day of		, 20