

Application for Professional Employment Sidney Independent School District

Sidney I.S.D.
P.O. Box 190
Sidney, Texas 76474
(254) 842-5500

Please Print in Ink

An Equal Opportunity Employer

Personal Data

Date of Application: _____ Social Security Number: ____ - ____ - ____

Name: _____

Last

First

Middle

Current Address: _____

Street/PO Box

City

State

Zip Code

Other Addresses where you may be reached: _____

Work Phone: (____) _____ Home Phone: (____) _____

Other name that may appear on records: _____

(Used only for reference checks)

Position Data

List the position(s) you are applying for: _____

Credentials included with the application:

- Resume
- All teaching and professional certificates or licenses
- All transcripts showing degrees

Date you can begin work: _____

Have you ever been employed by Sidney I.S.D. in the Past? Yes No

If you answered yes, provide dates of employment _____

Education/Training

Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Held	Year Graduated

Certification

Certificate or License Currently Held:

- None
- Valid Texas
- Valid Other State Which? _____
- Texas Emergency
- Texas One-Year: Expires _____
- Texas Temporary Administrative: Expires _____

Area of Specialization:

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

Teaching Experience

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/Employer	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 Sidney I.S.D. Board of Education?

Yes

No

If yes, please provide the relative's name and relationship: _____

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for 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 _____

(A felony conviction is not an automatic bar of employment. The district will consider the nature, date, and the relationship between the offense and the position for which you are applying.)

References

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

Name	School District/ Firm Name	Mailing Address	Position or Title	Phone Number

Verification

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 falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page 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 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 property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

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.