

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