

ZAVALLA INDEPENDENT SCHOOL DISTRICT

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

Applications for all positions are considered without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other protected status.

PERSONAL DATA

Date of Application _____ Social Security Number _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Work Phone No. _____ Home Phone No. _____

Name used on records if different from present name _____

POSITION DATA

Position for which you are applying _____

Credentials included with application:

- _____ Resume
- _____ All teaching and professional certificates
- _____ All transcripts showing degrees

Date Available for Work _____ Are you a former Zavalla ISD employee? Yes No

If yes, give dates of employment: _____

EDUCATION / TRAINING

Name of School And Location	Course of Study Major/Minor Fields	Diploma, Degree Or Certificate	Year Graduated (college only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use a separate page and attach if additional space is needed.

CERTIFICATION

*Type of certificate held now

- None
- Valid Texas
- Valid other state
- Emergency (Texas)
- Texas one-year certificate: Expiration date _____
- Texas Temporary Administrator: Expiration date _____
- Currently working on certificate in _____ Expected date to receive certification _____

Area of Specialization

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

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Employed	Reason for Leaving

OTHER WORK EXPERIENCE

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

Attach a separate page if additional space is needed.

PROFESSIONAL DATA

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

* Publications/articles:

* Seminars/workshops conducted:

* Other related professional activities:

GENERAL INFORMATION

* Do you have a relative who is a member of the Zavalla ISD School Board? Yes No
If yes, please give the name of the relative and the relationship:

Have you ever been convicted of a felony or offence 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:

(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.)

REFERENCES

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 or Company 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 my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejections 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 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 one year. 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

Return application to:
Zavalla Independent School District
431 East Main Street
Zavalla, TX 75980

Phone: (936) 897-2271
Fax: (936) 897-2674