

# Texline Independent School District

## Substitute Teacher

Employment Application *(Please Print)* Date: \_\_\_\_\_

---

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
City State Zip

Previous Address \_\_\_\_\_  
City State Zip

Home Telephone \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Telephone #

---

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Ever applied with Texline School District before? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relative serving on the Board of Trustees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name and relationship: \_\_\_\_\_

---

### GENERAL INFORMATION Qualifications for substitute teacher positions include, but are not limited to the following:

1. **Must be a High School Graduate or hold a GED Certificate**
  2. **Must have the ability to communicate with students and adults.**
  3. **Must have the ability to maintain records and documentation.**
- 

EDUCATION	Name & Location of School	No. Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade/Business/ Correspondence School				
Other				

---

**EMPLOYMENT BACKGROUND** (List below last four employers, starting with most current one first)

---

DATE		Name & Address of Employer	Salary	Position	Reason for Leaving
Month & Year					
From					
To					
From					
To					
From					
To					
From					
To					

---

Presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

---

**REFERENCES** (Give names of 3 persons not related to you, whom you have known at least one year)

---

Name	Telephone Number	Business	Years Acquainted
1. _____			
2. _____			
3. _____			

---

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

**THE Texline I.S.D. ADHERES TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, OR DISABILITY.**

*I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants 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 a period of time not to exceed 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.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

---



4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If YES, please provide an explanation below:

\_\_\_YES \_\_\_NO

---



---

5. As of the date of this authorization, do you have any pending criminal charges against you? If YES, please provide an explanation below:

\_\_\_YES \_\_\_NO

---



---

This section is to be used to list all counties and states of residence since age 18 or high school graduation. It is mandatory that you complete each field in its entirety, including the county, or we will be unable to process. You must be **SPECIFIC** about dates of residence. If more space is needed, please attach an additional sheet. **The county must be listed.**

City/Town	County	State	Dates	
			From	To

I hereby certify that all information provided in this 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 of the employer.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_