

Texline ISD
P.O. Box 60 302 East Pine
Texline, Tx. 79087
Phone 806-362-4667 Fax 806-362-4538
Gary Laramore, Superintendent Jim Allison, Principal

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related, or any other legally protected status.

An Equal Opportunity Employer

Date of Application _____ Social Security No. _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Work Phone _____ Home Phone _____

E-mail Address _____

Position for which you are applying _____

Credentials included with application:

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

Date Available _____

Former Texline ISD Employee: Yes ___ No _____

If yes, give dates of employment: _____

Schools Attended: List all applicable Information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Texline ISD. (Please use additional sheets of paper if necessary.)

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 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 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 365 days whether or not applications are being accepted at that time.

Signature of Applicant

Date

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 _____