

**HASKELL CONSOLIDATED
INDEPENDENT SCHOOL DISTRICT**

605 North Avenue E P O Box 937
Haskell, Texas 79521

Employment Application for Professional Personnel

The Haskell CISD considers applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

Haskell CISD is An Equal Opportunity Employer

PERSONAL DATA

Date of Application _____ Social Security Number _____

Name _____
LAST FIRST MIDDLE INITIAL

Current Address _____
Street or Box City State Zip Code

Other address where you may be reached: _____

Home Phone _____ Work Phone _____

Email Address _____

Name used on records (if different from present name) _____

POSITION DATA

Position for which you are applying _____
(if multiple positions are desired, fill out more than one application)

Credentials included with this application: _____ Resume
_____ Teaching/Professional Certificates
_____ Transcript Copies showing degrees

Date Available: _____

Former School District Employee? _____ If so, list districts and dates employed:

Are you a Teacher Retirement System retiree? _____

If yes, what year did you retire? _____

Do you work for another Texas Public School in any capacity? _____

If yes, please give name of school and hours working. _____

EDUCATION / TRAINING

List all applicable schools—high school, colleges, universities, etc.

Name of School	Major/Minor	Diploma/Degree	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION

Type of certificate currently held:

- _____ Texas Teaching Certificate
- _____ Teaching Certificate other state _____
- _____ Texas Emergency Certificate
- _____ Texas One-Year Certificate Exp. _____
- _____ Texas Temporary Administrative Exp. _____

Areas of specialization:

- _____ Administrator
- _____ Superintendent
- _____ Principal
- _____ Mid-management Administrator
- _____ Elementary
- _____ Secondary (junior, senior high)
- _____ All Level Art
- _____ All Level Health / PE
- _____ All Level Music
- _____ Counselor
- _____ Special Education (specify): _____
- _____ Vocational (specify): _____
- _____ Nurse
- _____ Supervisor
- _____ Librarian
- _____ Other: _____

TEACHING EXPERIENCE

List teaching experience beginning with MOST RECENT:

Name of School	Type of Assignment	Dates Taught	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER WORK EXPERIENCE

Please provide a complete listing of all other jobs or administrative positions you have held in the past ten years. Attach resume, if available.

Employer	Position	Dates Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL DATA

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

Publications/Articles: _____

Seminars/Workshops Conducted: _____

Other Related Professional Activities:

GENERAL INFORMATION---To be completed by ALL APPLICANTS:

Are you aware of any reasons you would not be able to perform the duties of the position for which you are applying? ____yes ____no If yes, please explain:

Do you have any relative who is a member of the Haskell CISD Board of Education? ____yes ____no If yes, give the name of the relative and relationship:

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, indecency with a minor)? ____yes ____no If yes, explain:

(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

Full Name of Reference _____ Full Name of Reference _____
School/Firm Name _____ School/Firm Name _____
Position/Title _____ Position/Title _____
Phone Number _____ Phone Number _____
Mailing Address _____ Mailing Address _____

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School/Firm Name _____ School/Firm Name _____
Position/Title _____ Position/Title _____
Phone Number _____ Phone Number _____
Mailing Address _____ Mailing Address _____

VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I 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 360 days. 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

PERSONAL STATEMENT

Please make a statement in your own handwriting concerning your reasons for desiring a position with Haskell Consolidated Independent School District.

