

Salado Independent School District
P.O. Box 98
Salado, Texas 76571
Ph: 254-947-5479 Fax: 254-947-5605 www.saladoisd.org

EMPLOYMENT APPLICATION FOR SUBSTITUTE PERSONNEL

We consider applicants for all positions regardless to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Personal Data	Date of Application		Social Security Number	
	Name		First	Middle Initial
	Last			
	Current Address		City	State
	Street/Box			Zip Code
	Other address where you may be reached			
Work Phone		Home Phone		
Other name that may appear on records				
Used only for reference checks) Texas Driver's License #				
Credentials included with application:				
Resume				
All teaching and professional certificates or licenses				
All transcripts showing degrees				
Have you been employed by <u> SALADO </u> ISD in the past? Yes No				
If you answered yes, provide dates of employment				
Education/Training	Check the highest level of education attained:			
	High School Graduate	GED	Less than two years of college	
	Two or more years of college	Bachelor's degree		
	Master's degree	Other training or education		
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated (College only)

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Certification	Certificate or License Currently Held			
	None Valid Texas Valid Other State Texas Emergency Texas One-Year Expires Texas Temporary Administrative: Expires			
Certification	Area of Specialization			
	Administrator Superintendent Principal Midmanagement Administrator Elementary Elementary and Kindergarden Secondary (Jr./Sr. High)	All-Level Art All-Level Health and PE All-Level Music Librarian Counselor Special Education (specify)		Vocational (specify) Nurse Visiting Teacher Supervisor Other (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 resume if available.			
	School district / firm name	Position / title	Dates employed	Reason for leaving

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Assignment Preference	Please list the days you are available to substitute and your assignment preferences.					
	Day(s) of week	Every day or only the following:				
		Monday	Tuesday	Wednesday	Thursday	Friday
	Preferred Campus:					
Assignment Preference	Are you receiving Texas Teacher Retirement (TRS) benefits? Yes No					
	<small>(The amount of time that an individual receiving TRS benefits may be employed without effecting benefits is governed by TRS rules and laws.)</small>					
General Information	Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense 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					
	<small>(A felony conviction 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.)</small>					
References	Please list references the district can contact regarding your work history. Include all managers, supervisors who evaluated or supervised your performance at your last two employers.					
	Full name of reference	School district/firm name	Mailing address	Position/Title	Area code, phone number	

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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 rejection 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 the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

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
__12__ months.

Confidential

The ___Salado_____ Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

Please print.

Name
Last First Middle

Social Security number Date of Birth

Sex: Male Female Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

