

COLMESNEIL INDEPENDENT SCHOOL DISTRICT

**P. O. Box 37
Colmesneil, Texas 75938
(409) 837-5757 Phone
(409) 837-5759 Fax**

EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

We consider applicants for all positions without regard 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: _____ <small>Last First Middle</small>			
Current Address: _____ <small>Street/Box City State ZIP</small>				
Other Address: _____				
Work Phone: _____ Home Phone: _____				
Cell Phone: _____ E-Mail: _____				
Other name that may appear on records: _____				
Date of Birth(mm-dd-yyyy) _____ <small>(Used only for reference checks)</small>				
POSITION DATA	Position(s) for which you are applying: _____			
	Type of Employment: ___ Full-Time ___ Part-Time ___ Summer Only			
	Date you can begin work: _____			
Have you been employed by Colmesneil ISD in the past? Yes No				
If yes, provide dates of employment: _____				
EDUCATION/TRAINING	Check the highest level of education attained:			
	<input type="checkbox"/> Not a high school graduate Last grade completed: _____ <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Less Than Two Years of College <input type="checkbox"/> Two or More Years of College <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree <input type="checkbox"/> Other Training/Education: Specify: _____ <input type="checkbox"/> Licenses/Certificates Held: Specify: _____ <input type="checkbox"/> Are you certified as a paraprofessional? If yes, how, where, and when? _____	
	NAME AND LOCATION OF SCHOOLS ATTENDED	COURSE OF STUDY AND MAJOR/MINOR	DIPLOMA, DEGREE, CERTIFICATE, OR LICENSE HELD	YEAR GRADUATED

SUBSTITUTE TEACHER APPLICATION

CERTIFICATION	CERTIFICATE OR LICENSE CURRENTLY HELD: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State <input type="checkbox"/> Texas Emergency <input type="checkbox"/> Texas One-Year: Expires _____ <input type="checkbox"/> Texas Temporary Administrative: Expires _____		
	AREAS OF SPECIALIZATION: <input type="checkbox"/> Administrator <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal <input type="checkbox"/> Elementary <input type="checkbox"/> Elementary and Kindergarten <input type="checkbox"/> Secondary <input type="checkbox"/> All-Level Art <input type="checkbox"/> All-Level Health/PE <input type="checkbox"/> All-Level Music		<input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> Special Education Specify: _____ <input type="checkbox"/> Vocational Specify: _____ <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify: _____
TEACHING EXPERIENCE	List teaching experience beginning with most recent employment:		
	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 ten years. Attach additional sheets if necessary. Attach resume if available.		
	SCHOOL DISTRICT OR FIRM	POSITION OR TITLE HELD	DATES EMPLOYED
	REASON FOR LEAVING		

SUBSTITUTE TEACHER APPLICATION

PREFERENCES	<p>Please list the days you are available to substitute and your assignment preferences. Day(s) of week <input type="checkbox"/> Every day or only the following: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Assignment <input type="checkbox"/> Any or only the following: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Special Education <input type="checkbox"/> Nurse <input type="checkbox"/> Paraprofessional</p>																				
GENERAL INFORMATION	<p>Do you have a relative who serves on the Colmesneil ISD Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>Have you ever been convicted of, plead guilty or no contest 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense: _____</p> <p><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></p> <p>Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</p>																				
REFERENCES	<p>Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">FULL NAME OF REFERENCE</th> <th style="width: 20%;">SCHOOL DISTRICT/FIRM NAME</th> <th style="width: 20%;">MAILING ADDRESS</th> <th style="width: 20%;">POSITION/TITLE</th> <th style="width: 20%;">AREA CODE/PHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	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 deliberated 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 twelve months. If you have not received a response during this time period, you may reapply or reactivate your application.