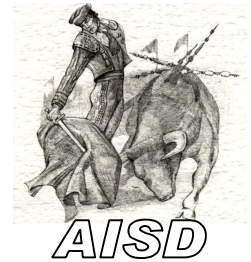




ADRIAN INDEPENDENT SCHOOL DISTRICT

P.O. Box 189 • ADRIAN, TEXAS 79001

(806) 538-6203 • FAX (806) 538-6291



Application for Professional Employment

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.

Title IX Coordinator, Walter Cox, P.O. Box 189., Adrian, Texas 79001, 806-538-6203.

An Equal Opportunity Employer

Personal Data	Date of Application (MM/DD/YY): / /				
	Date Available (MM/DD/YY): / /				
	Full Legal Name: First: Middle: Last:				
	Other Names that may appear on records:				
	Address:				
	City:		State:		Zip Code:
Work Phone:			Home Phone:		
Position Data	List position(s) for which you are applying:				
	Date available to begin:				
	Previously employed by ADRIAN ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes provide dates (MM/YYYY, begin--end) / -- /				
	Language(s) other than English spoken, read, or written:				
	Fluently: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Education/Training	Name and location of school attended	Dates attended	Course of study and major/minor	Diploma/Degree, certificate, or license earned	Year graduated
	High School:		<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
	College/University:				
	College/University:				
	College/University:				

Certification	Type of certificate or license held: <ul style="list-style-type: none"> <input type="checkbox"/> Valid Texas certificate <input type="checkbox"/> Valid certificate from the state of <input type="checkbox"/> Completing Teacher Certification Program <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">from (College/University)</td> <td style="text-align: center;">in (MM/YY)</td> <td style="text-align: center;">/</td> </tr> </table> <input type="checkbox"/> Alternative Certification (describe): <input type="checkbox"/> Other (describe): 					from (College/University)	in (MM/YY)	/
	from (College/University)	in (MM/YY)	/					
Areas of Certification: <ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary subject area: <ul style="list-style-type: none"> <input type="checkbox"/> All-Level Art <input type="checkbox"/> All-Level Health and P.E. 		<ul style="list-style-type: none"> <input type="checkbox"/> All-Level Music <input type="checkbox"/> Special Education specify: <ul style="list-style-type: none"> <input type="checkbox"/> Vocational Librarian 		<ul style="list-style-type: none"> <input type="checkbox"/> Counselor <input type="checkbox"/> Supervisor <input type="checkbox"/> Mid-management <input type="checkbox"/> Superintendent <input type="checkbox"/> Other specify:				
School Experience	List school experience beginning with the most recent year.							
	Name and location of school	Type of assignment	Dates Employed		Reason for leaving			
			Begin	End				
Other Experience	List other jobs beginning with the most recent.							
	Company/firm Name	Position	Dates Employed		Reason for leaving			
			Begin	End				

General Information	Do you have a relative serves on the Adrian ISD Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of, plead guilty or no contest (nolo contender) 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 If öyesö, please state where, when, and the nature of the offense. (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.)
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References	Please list references that are most familiar with you professional skills and abilities. Be sure to include your most recent immediate supervisor(s) (principal, superintendent, etc.) You may wish to list additional references from department heads, team leaders, curriculum specialists, professors, etc. <p style="text-align: center;">Please list the most recent references first.</p>	
	Name/Title: Phone Number () -	Mailing Address: City, State ZIP: ,
	Name/Title: Phone Number () -	Mailing Address: City, State ZIP: ,
	Name/Title: Phone Number () -	Mailing Address: City, State ZIP: ,
	Name/Title: Phone Number () -	Mailing Address: City, State ZIP: ,

Personnel Selection

An outstanding educational program is dependent upon the employment and retention of the best-qualified professional personnel. Factors which influence the selection of personnel are as follows: 1) training and certification; 2) professional competence; 3) personality and compatibility; 4) talent for the position; and 5) professional attitude.

All professional personnel selected for employment must be approved by the Superintendent of Schools and recommended to the Board of Trustees for selection.

Disposition of Application

This application becomes the property of the District. The District reserves the right to accept or reject the application. Applications will be retained and updated for a one-year period, after which the applicant must notify the Personnel Office of his/her desire to remain in an active status. It is the applicant's responsibility to notify the Personnel Office of any change of name, address, or other status while his/her application is active.

We sincerely regret that it is impossible for the District to employ all of the fine candidates for positions in the Adrian Independent School District. We extend best wishes to each of you as you pursue your career in the education profession.

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.

By submitting this application to Adrian ISD, I am in agreement with the above mentioned statements.

Smoking or using tobacco products is prohibited by law on all District-owned property.

Don't forget to complete the criminal history authorization form.

Addendum to Application

Criminal History Record Information

Adrian Independent School District Board Policy requires the District to obtain criminal history record information on applicants being considered for employment with the District. The information requested below is necessary to obtain this information.

Identifying Information	<u>Name</u> Last:	First:	Middle:	Maiden:
	Date submitted: / /	SSN: - -	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Date of Birth: / /	Driver's License No.: State:	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	
	Current Address (Street Address): (City, State ZIP): ,			
	Former Address 1 (Street Address): (City, State ZIP): ,			
Former Address 2 (Street Address): (City, State ZIP): ,				
<p>I understand 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.</p>				

By providing this information, I am giving my permission to Adrian ISD to obtain criminal history record information.

This form will be removed from the application and filed separately in the personnel office.

After completing the application, email it (as an attachment) to walter.cox@region16.net, fax it to (806)538-6291, or mail it to the address at the top of the first page.