

**ANTON INDEPENDENT SCHOOL DISTRICT
PO BOX 309
ANTON, TX 79313-0309**

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION FOR AUXILIARY APPLICATION

PERSONAL DATA

DATE OF APPLICATION _____ SSN _____

NAME _____
Last First MI

ADDRESS _____
Street/Box City/State ZIP Code

Other address where you may be reached _____

Work Phone Number _____ Home Phone Number _____

POSITION DATA

Position for which you are applying _____

Type of Employment: Full-Time Part-time Summer only

Date Available _____

Former Anton ISD Employee yes no

If yes, give dates of employment and position: _____

EDUCATION AND TRAINING

Check highest level attained.

- Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
- High school graduate
- Two or more years college
- Master's degree
- GED
- Bachelor's degree
- Less than two years in college

Other training or education

Licenses/certifications held: _____

SCHOOLS ATTENDED: LIST ALL APPLICABLE INFORMATION.

Name of School And Location	Dates of Attendance	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
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EMPLOYMENT REFERENCES

Please list below references that may be contacted regarding your work history.

Full Name of Reference	School District or Firm Name	Mailing Address	Position Title	Phone
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PERSONAL STATEMENT

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Anton ISD. (Use the backside of this page if necessary.)

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

I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants for employment.

I understand that, if employed, failure to disclose conviction for a felony or for an offense involving moral turpitude may be considered sufficient cause for dismissal.

Furthermore, this application becomes the property of the district that reserves the right to accept or reject it.

Signature of Applicant

Date

WORK EXPERIENCE

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary.

Employer	Job Title	Salary	Dates Employed	Reason for Leaving
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SPECIAL SKILLS

List specific skills and/or any machines or equipment you can operate. Include computer skills and number of year's experience.

- 1) _____ 4) _____
- 2) _____ 5) _____
- 3) _____ 6) _____

GENERAL INFORMATION

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying? Yes No if yes, please explain: _____

Do you have a relative who is either a member of the Anton ISD Board of Education or who is employed in any capacity in the Anton ISD? Yes No if yes, please give the name of relative, relationship, and position held: _____

Have you ever been convicted of a felony or offense involving moral turpitude and/or received probation or deferred adjudication? Yes No if yes, please 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).

All personnel of the Anton Independent School District shall be employed without regard to race, color, national origin, age, religion, gender, disability, or any other legally protected status.

Details of supervision:

4. _____ YES _____ NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

County: _____ City: _____ Date of Offense: _____

Details of conviction:

5. _____ YES _____ NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENT SINCE HIGH SCHOOL GRADUATION OR AGE 18.

**CITY/TOWN
STATE**

COUNTY

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, _____

APPLICANT (PLEASE PRINT)

APPLICANT'S SIGNATURE

EFFECTIVE 1/1/2008 ALL PERSONNEL EMPLOYEED WILL BE REQUIRED TO SUBMIT TO FINGERPRINTING REQUIREMENTS BASED ON SB 9. ALL FEES ASSOCIATED WITH THIS PROCESS WILL BE THE RESPONSIBILITY OF THE APPLICANT UNLESS THE DISTRICT HAS AGREED IN ADVANCE TO BE RESPONSIBLE FOR THIS FEE.