

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 Trustees 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: _____

EMPLOYMENT REFERENCES

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

Full Name of Reference	School District/ Firm Name	Mailing Address	Position Title	A/C Phone No.
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VERIFICATION

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

CERTIFICATION

- Type of certificate held now

- None
- Valid Texas
- Valid other state _____
- Emergency (Texas)
- Texas one-year certificate: Expiration date ____/____/____
- Texas temporary administrative: Expiration date ____/____/____

- Areas of specialization

- Administrator
- Superintendent
- Principal
- Mid-Management Administrator
- Elementary
- Elementary and kindergarten
- Secondary (junior and senior high)
- All level Art
- All level health & PE
- All level music
- Librarian
- Counselor
- Special Education (specify): _____
- Vocational (specify): _____
- Nurse
- Visiting teacher
- Supervisor
- Others (specify): _____

Would you be willing to take additional training if required for certification or endorsements? Yes No

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

Name of School & Location	Type of Assignment	Dates Taught	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total creditable years _____ (full-time teaching in college, public school, or in an accredited private school is creditable.)

OTHER WORK EXPERIENCE

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anton ISD does not discriminate because of race, color, sex, age, handicap or national origin

An Equal Opportunity Employer

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 (PRINT NAME)

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.