

APPLICATION FOR EMPLOYMENT

*Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.
The district Title IX Coordination is Tim Kelley, Superintendent, 6040 FM 603, Clyde, Tx 79510, 325-529-3186.*

POSITION(S) APPLIED FOR 1. _____ DATE _____
2. _____

PERSONAL

Name _____ SSN _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____ Work Phone _____

Texas Drivers License Number _____

GENERAL

- 1. Have you ever worked here before? yes no
- 2. Date available for employment: _____
- 3. Are you a U.S. Citizen or a legal immigrant? yes no
- 4. Are you a member of any professional, community, or service organizations? (Omit religious, racial, or ethnic organizations)

EDUCATION

School Attended	Major Field	Minor Field	Degree or Diploma
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High School _____

College _____

Other _____

NOTE: College transcript must be submitted for certified professional positions prior to any offer of employment.

POSITION DATA

List all professional certificates and endorsements held.

What grade level(s) do you wish to teach?

List all subjects you can teach.

List any extracurricular activities that you may be interested in sponsoring or assisting with.

WORK EXPERIENCE

1. Present or last employer _____
Address and phone number _____
Name and title of supervisor _____
Position held and job responsibilities: _____
Salary history: Starting \$ _____ Ending \$ _____
Dates of employment _____ to _____
Reason for leaving _____
May we contact your present employer? () yes () no

2. Previous Employer _____
Address and phone number _____
Name and title of supervisor _____
Position held and responsibilities: _____
Salary history: Starting \$ _____ Ending \$ _____
Dates of employment _____ to _____
Reason for leaving _____

REFERENCE

List any professional or work-related references you would like us to contact, other than the supervisors previously listed.

	Name	Position	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CRIMINAL HISTORY

Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any 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 _____

FINGERPRINTING

Have you ever been fingerprinted by SB9? ___ Yes ___ No

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all of the information provided in this application is true and complete to the best of my knowledge. I understand that, if employed, any falsified information shall be considered sufficient cause for dismissal. You are authorized to make investigation of my education and work history including criminal and driving record checks.

_____ Date _____ Applicant's Signature

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 3 years. If you have not received a response during this time period, you may reapply or reactivate your application.

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name Susan Faircloth	Title Business Manager
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Eula Independent School District 6040 FM 603, Clyde, Tx 79510		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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