

**Medina ISO, Human Resources, P.O. Box 1470, Medina, TX 78055-1470**

## **Employment Application for Professional Personnel**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran 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 No. \_\_\_\_\_

Name

*Last*

*First*

*Middle Initial*

Current Address \_\_\_\_\_

*Street/Box*

*City*

*State*

*Zip Code*

Other address where you may be reached \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Name used on records if different from present name

*(to be used for reference checks)*

### **POSITION DATA**

Position for which you are applying:

Credentials included with application:

Resume

All teaching and professional certificates (front and back, if appropriate)

All transcripts showing degrees.

Date Available:

Former Medina ISD Employee:

Yes

No

If yes, give dates of employment:

### **EDUCATION/TRAINING**

Schools Attended: List all applicable information.

Name of School  
and Location

Course of Study  
Major/Minor Fields

Diploma, Degree  
or Certificate

Year Graduated  
(College Only)

**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                      | All level art                  | Vocation (specify): |
| Superintendent                     | All level health and <b>PE</b> | Nurse               |
| Principal                          | All level music                | Visiting teacher    |
| Midmanagement administrator        | Librarian                      | Supervisor          |
| Elementary                         | Counselor                      | Other (specify):    |
| Elementary and kindergarten        | Special education (specify):   |                     |
| Secondary (Junior and senior high) |                                |                     |

**TEACHING EXPERIENCE**

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

**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

**PROFESSIONAL DATA**

Omit references to organizations that would reveal race, age, ethnic origin or religious persuasion.

- Publications/articles \_\_\_\_\_  
\_\_\_\_\_
- Seminars/workshops conducted \_\_\_\_\_
- Other related professional activities \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

- Do you have a relative who is a member of the Medina ISO Board of Education?  
Yes    No    If yes, please give the name of relative and relationship:  
\_\_\_\_\_  
\_\_\_\_\_
- Have you even been convicted of a felony or 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

**REFERENCES**

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District Name	Mailing Address	Position Title	Phone No.
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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 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 same to you.

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

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 a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

### Addendum for School Bus Driver Applicants Only

Each person who applies to be a bus driver must provide the following information at the time of application.

Note: Bus drivers are required to have a physical examination and an alcohol and drug screening test.

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Applicant's Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Hours Available for Work \_\_\_\_\_

Driver's License No.	Type	School Bus Certification	Yes	No
Have you ever had a license suspended, revoked or canceled?	If yes, explain on back.		Yes	No
Are any criminal charges or proceedings pending against you?	If yes, explain on back.		Yes	No
Have you even been convicted of any serious traffic violation?			Yes	No
If yes, state where, when and nature of the offense on back of form.				
In the past two years have you failed an alcohol or drug test given by an employer?			Yes	No
If yes, explain on back of form				

#### WORK EXPERIENCE

Specify work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List most recent experience first. Use back side if necessary.

Employer Address and Phone	Kind of Work	Dates Employed	Reason for Leaving

#### VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I understand that any deliberate falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to the date of this application.

Furthermore, I authorize this information provided above to be used, and previous employers may be contacted for investigation purposes and that all parties are released from any liability for any damage that may result from furnishing information to you.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

