



Idalou Independent School District

P.O. Box 1338, 601 S. Walnut

Idalou, TX 79329

(806) 892-1900

Application of (NAME) _____

Position for which you are applying

Present Position

Do you currently hold a Texas teaching certificate? Yes _____ No _____

Area of specialization or teaching field if you hold a teaching certificate

Type of certificate and grade level

Date of application _____

Signature _____

We consider applicants for all positions without regard to race, color, national origin, age, religion, gender, marital, or veteran status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Full Name _____

Social Security No. _____

Current Mailing Address: _____

Telephone No. Home: _____ Work _____ Cell _____

Email Address: _____

Have you retired from Teacher Retirement System of Texas? Yes ___ No ___
If yes, please give effective date: _____

Please give full and accurate data regarding your educational development.
Include courses taken, degree or diploma, date, and credit or hours received.

Educational/Professional Training				
School or Institution Name	Course	Degree or Diploma	Date	Credits or Hours Received
High School				
College or University				
Graduate Work				
Other				

Give full and accurate data regarding your teaching or work experience. Be as specific as possible including dates taught, reasons for leaving, grades/subjects taught, school/work addresses, and names of school/business.

Teaching or Work Experience			
Name of School or Institution – Location	Grades or Subjects	From To	Reason for Leaving
Total Years of Teaching Experience			

A personal interview is required before any appointment will be made.

This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. In case of appointment, you will be notified AT ONCE. Please mail your application to the address on the front of this application.

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 above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

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

Signature of Applicant

Date

(by providing your name and date, you are authorizing the District to verify your information)

CRIMINAL HISTORY RECORD INFORMATION

Subchapter Z, Texas Education Code, Section 21.917 requires the District to obtain a criminal history record for all persons making application for employment. The minimum search data needed is an individual's name, gender, race, and date of birth. Information obtained shall be used only to evaluate applicants for employment.

Please provide the following information:

Name: _____

Gender: _____

Race: _____

Date of Birth: _____

Social Security No. _____

Driver's License #: _____

State issued: _____

This form must be returned with the application in order for application to be processed.

I hereby understand that the District is required to obtain a criminal history record.

Signature of Applicant

Date

