

SHAMROCK ISD
AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

Social Security # _____ Date of Application _____

Date Available for Work _____

Name _____
First Last MI

Present Address _____
City State Zip

Phone # _(____)_____ Cell # _(____)_____

Present Employer _____ Phone # _(____)_____

Former Shamrock Employee? ____Yes ____No If Yes, what year? _____

POSITION(S) FOR WHICH YOU ARE APPLYING

____Secondary Teacher ____Elementary Teacher ____Nurse ____Librarian
Field(s) 1. _____ Preference: ____P-K ____Counselor
2. _____ ____1-3 ____Sp Ed Teacher
____High School ____M.S. ____4-5 ____Voc Teacher
____Coach - Sports _____ ____Administrator
____Other Positions: _____

CERTIFICATION

A. Certificate(s) Held:

____ Valid Permanent Texas (Date Issued): _____
____ Texas One Year (Expires): _____
____ Will receive Texas Certification upon graduation
____ Passed TECAT/ExCET (Date) _____
____ Valid other State Certificate _____
____ Temporary/Emergency Texas Permit (Expires): _____
____ None (Please explain): _____

B. Area(s) of Certification:

____ Kindergarten ____ Elementary ____ Secondary ____ Spec. Ed. ____ All Level

Specializations: 1. _____ 2. _____

____ Diagnostician ____ Librarian ____ Vocational: _____

____ Counselor ____ Nurse ____ Mid Management ____ Bilingual/ESL

____ License held: _____
(examples: occupational/speech therapist, trainer, etc.)

EDUCATION

Highest educational level attained: ____ Bachelor's Degree ____ Master's Degree
____ Doctorate

College Work (Undergraduate and Graduate)

Name of Institution Location Date of Att. Degree Hrs. GPA

| Name of Institution | Location | Date of Att. | Degree | Hrs. | GPA |
|---------------------|----------|--------------|--------|------|-----|
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STUDENT TEACHING

(COMPLETE THIS SECTION IF YOU HAVE LESS THAN TWO YEARS OF TEACHING EXPERIENCE)

Dates Subject Area Coop. Teacher School District

| Dates | Subject Area | Coop. Teacher | School District |
|-------|--------------|---------------|-----------------|
| | | | |
| | | | |

TEACHING EXPERIENCE

Dates Total Yrs School District City Subject Reason for Leaving

| Dates | Total Yrs | School District | City | Subject | Reason for Leaving |
|-------|-----------|-----------------|------|---------|--------------------|
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OTHER PERSONAL INFORMATION

Are you related to a Shamrock ISD Board Member or the Superintendent?

____ Yes ____ No If yes, whom? _____

Do you have relatives working for Shamrock ISD ____ Yes ____ No

If yes, whom? _____

Have you ever been terminated or non-renewed as a teacher or an administrator? ____ Yes ____ No

What type of extra school activities would you be willing to direct? _____
_____.

May we contact your present employer for a recommendation? ____ Yes ____ No

Are you presently under contract? ____ Yes ____ No

Please attach a list of personal references.
