



EUSTACE INDEPENDENT SCHOOL DISTRICT

P. O. Box 188 Eustace, Texas 75147

Phone: 903-425-5151 Fax: 903-425-5147 www.eustaceisd.net



Date of Application _____

PERSONAL DATA	Name _____ <i>Last First Middle initial</i>
	Current address _____ <i>Street/Box City State ZIP Code</i>
	Other address where you may be reached _____
	Cell phone _____ Home phone _____ Other phone _____
	Email Address: _____
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>

POSITION DATA	List the position(s) for which you are applying: _____
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only
	Date you can begin work _____
	Have you been employed by Eustace ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes, provide dates of employment _____

Special Skills	List specific skills, software proficiency, and any machines or equipemnt you can operate. Include number of years of experience.
	1. _____ 4. _____
	2. _____ 5. _____
	3. _____ 6. _____

Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach resume if available.			
	Employer name and location		Employer name and location SCHOOL	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	

OTHER WORK EXPERIENCE	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	

Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College Only)</i>

REFERENCES	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

