

CERTIFICATION

Type Of Certificate or License Currently Held

- | | |
|--|---|
| <input type="checkbox"/> None
<input type="checkbox"/> Valid Texas: SUBJECT (s) _____
<input type="checkbox"/> Valid Other State: STATE & SUBJECT (s) _____
<input type="checkbox"/> Emergency Permit (Texas): SUBJECT (s) _____
<input type="checkbox"/> Texas One-Year Certificate:
Expiration Date: ____ / ____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Texas Temporary Administrative:
Expiration Date: ____ / ____
<input type="checkbox"/> Highly Qualified (PK - 6 th)
<input type="checkbox"/> Highly Qualified (7 th – 12 th)
<input type="checkbox"/> Temporary Permit:
Expiration Date ____ / ____
Category / Level(s) of Certification: _____
_____ |
|--|---|

Areas of Specialization / Supplemental Certificates/ Endorsements (as listed on certification)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrator
<input type="checkbox"/> Superintendent
<input type="checkbox"/> Principal
<input type="checkbox"/> Elementary
<input type="checkbox"/> Elementary and Kindergarten
<input type="checkbox"/> Secondary
(Junior and Senior High) _____ | <input type="checkbox"/> All Level _____
<input type="checkbox"/> Librarian
<input type="checkbox"/> Counselor
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Technology Applications | <input type="checkbox"/> Vocational
(Specify): _____
<input type="checkbox"/> Visiting Teacher
<input type="checkbox"/> Special Education
(Specify): _____
<input type="checkbox"/> Other (Specify): _____
_____ |
|--|---|--|

TEACHING EXPERIENCE

List Teaching Experience Beginning With Most Recent Years.

Name Of School And Location	Type of Assignment / Responsibility	Dates Of Employment	Reason for Leaving	Name & Phone # of Supervisor (if possible)

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.**

School District/ Firm Name / Location	Position / Title / Responsibilities	Dates of Employment	REASON FOR LEAVING	Name & Phone # of Supervisor (if possible)

GENERAL INFORMATION

Do you have a relative who is a member of the Gordon ISD Board of Education? Yes ___ No ___

If yes, please give the name of the relative and the relationship.

Name: _____ Relationship: _____

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) (in state or out of state)? 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.)

Gordon I.S.D. Title IX Compliance Coordinator: Mr. Jon Hartgraves, 112 Rusk Street, Gordon, TX 76453 254-693-5582

REFERENCES

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

Full Name of Reference	School District or Firm Name	Mailing Address	Position / Title	Area Code / Phone Number

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 the same to you.

I understand that the district is authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

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

FOR SCHOOL USE ONLY:

Date application received: _____



Gordon

Independent School District

112 Rusk Street, Gordon, TX 76453 (254) 693-5582 FAX: (254) 693-5503

Addendum to Application

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.



CONFIDENTIAL

THE GORDON INDEPENDENT SCHOOL DISTRICT AS STATED IN STATE LAW MAY OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS THE DISTRICT INTENDS TO EMPLOY IN ANY CAPACITY (TEXAS EDUCATION CODE SECTION 22.083)

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION.

Full Name: _____

Social Security Number _____

D.O.B. _____

Driver's License Number: _____

State: _____

Sex: Male
 Female

Ethnicity: Black
 Hispanic
 Other
 White

Signature of Applicant

Date

This form will be removed from the application and filed separately in the personnel office.