

**IRA PUBLIC SCHOOLS**

6143 West FM 1606  
 Ira, Texas 79527  
 Phone: 325-573-2628  
 Fax: 325-573-9887  
 325-573-5825

**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 Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street/Box City State Zip Code

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

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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      Ira      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**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Administrator</li> <li><input type="checkbox"/> Superintendent</li> <li><input type="checkbox"/> Principle</li> <li><input type="checkbox"/> Mid-management administrator</li> <li><input type="checkbox"/> Elementary</li> <li><input type="checkbox"/> Elementary and kindergarten</li> <li><input type="checkbox"/> Secondary (junior and senior high)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> All level art</li> <li><input type="checkbox"/> All level health and PE</li> <li><input type="checkbox"/> All level music</li> <li><input type="checkbox"/> Librarian</li> <li><input type="checkbox"/> Counselor</li> <li><input type="checkbox"/> Special education (specify): _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Vocational (specify): _____</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Visiting teacher</li> <li><input type="checkbox"/> Supervisor</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul> |
|--|---|---|

**Teaching Experience**

List teaching experience 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 applicable.

School District / Firm Name	Position / Title	Dates Employed	Reason for Leaving

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.

**References**

Full Name of Reference	School District / 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 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 such parties from any 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 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 \_\_\_\_\_ 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

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**IRA I.S.D.**  
**Addendum to Application**  
**Confidential**

The \_\_\_\_\_ Independent School District is required by state law to obtain criminal history record information on applicants being considered for employment with the district (Texas Education Code Section §21.917). The information requested below is necessary to obtain criminal history record information.

**Full Name** \_\_\_\_\_  
(Print)                      Last                                      First                                      Middle

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_                      **Ethnicity:** Black \_\_\_\_\_ White/Other \_\_\_\_\_

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
**Signature**

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

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