BROOKELAND INDEPENDENT SCHOOL DISTRICT

Rt. 2 Box 18

SUPERINTENDENT PHONE: (409) 698-2677 FAX: (409) 698-2533

BROOKELAND, TEXAS 75931

"Touching The Future Through Teaching"

ELEMENTARY/SECONDARY PHONE: (409) 698-2152 OR (409) 698-2413 FAX: (409)698-9874 OR (409) 698-2891

	Employment Application for Professional Personnel								
W	e 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								
	Date of application Social Security number								
onal Data	Name								
	StreevBox City State Zip Code Other address where you may be reached								
Personal	Work phone Home phone Other name that may appear on records (to be used for reference checks)								
Position Data	List the positions for which you are applying								
Education/Training	Names and locations of study: major/minor fields Course of study: certificate, or license held (college only)								

1	Certificate or license held curre	ently						
	□ None							
	□ Valid Texas							
	□ Valid other state							
اڃ	☐ Emergency (Texas only)							
計	☐ Texas one-year certificate: e	xpires o	on					
Certification	□ Texas temporary administrati	ve: exp	oires on					
<u></u>	Areas of specialization							
10	□ Administrator		All level art		Voca	ational (specify):		
	☐ Superintendent		All level health and All level music		Nurs			
	PrincipalMidmanagement administra					ing teacher		
	□ Elementary		Counselor		Supe	ervisor		
1	☐ Elementary and kindergarte	n 🗆			Othe	er (specify):		
	 Secondary (junior and senior high) 		(specify):					
			·	-				
	List teaching experience begin	ning wi	th most recent year	s.				
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2	Names and locations	Typ	e of assignment	Dates taught		Reason for leaving		
je	of schools							
Teaching Experience								
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	Please provide a list of all othe	r iobs o	or administrative pos	sitions vou have h	eld in	the past ten years.		
	Attach additional sheets if nece					, ,		
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e e	School district/Firm name		Position/Title Dates emp		nployed Reason for lea			
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Other Work Experience								
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Data	Omit references to	t professional activities.	· ·	-	•			
Professional I		les published orkshops conducted						
Profe	Other relate	d professional activities						
	Board of Trus yes □ no □	a relative who is a membe tees? provide the name of the r			SD			
ormation					- Wain-4			
General Information	probation, sus (including, but yes □ no □	spension, or deferred adju	d guilty or no contest (nolo contendere) to, or received cation for a felony or offense involving moral turpitude nurder, swindling, or indecency with a minor)? nature of the offense.					
		viction is not an automatic tionship between the offer		District will cons	ider the nature,			
Please list references the District may contact regarding your work history. Include all mans supervisors who evaluated or supervised your performance at your last two employers.								
References	Full name of reference	School district/ Firm name	Mailing address	Position/Title	Area code/ Phone number			
R								
		ii.						

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 same to you.

I understand that the District is authorized by Texas Education Code 22.083(b) to obtain criminal history record information on persons the District intends to employ.

Signature of Applicant Date

This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for ____ months. If you have not received a response during this time, you may reapply or reactivate your application.

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM CONFIDENTIAL*

Full name				<u> </u>	First		Middle		
					Date of birth				
Sex:		Male		Female	Ethnicity	y: 🗆	Black		White/Ot
detern	nine	nd the ini eligibility record in	for e	tion I am provion ployment but ation.	ding about ag will be used	e, sex solely	k, and eth	nicity	/ will not be se of obtain
	ture					-	Date		