

Stamford

Independent School District 507 South Orient • Stamford, TX 79553 • PH: (325) 773-2705 • FAX: (325) 773-5684

Employment Application for Professional Personnel

PERSONAL INFORMATION				
Date of Application:				
Name:	FIRST			
 .			MI	
Address:	CITY	STATE	ZIP	
Phone:C	ell Phone:	Other Phone:		
Email:				
Other name that may appear or (Used for certification, reference, and crimin				
POSITIONS				
Position for which you are apply	ying:			
Credentials included with this a	☐ Teaching	g/Professional Certificate of Copies Showing Degree		
Date available for employment:	<u> </u>			
Former SISD employee? (Yes/N	o) If yes, pro	ovide dates of employme	ent	
Are you a Teacher Retirement S If yes, what year did you retire?	•	No		
EDUCATION				
Schools attended:				
Name of School	Major/Minor	Diploma/Degree	Year Graduated	

TEACHING CERTIFICATIONS & LICENSES							
None Valid Texas Teaching Certificate Valid Other State Teaching: State & Subject(s):							
AREAS OF SPECIALIZATION & SUPPLEMENTAL CERTIFICATIONS							
□ Superintendent □ Librarian □ Principal □ Special Education □ Administrator □ Vocational (specify):							
TEACHING EXPERIENCE							
List teaching experience beginning with most recent:							
Name of School Subject/Assignment Date of Employment Name of Supervisor Reason for Le	aving						
OTHER WORK EXPERIENCE							
Please provide a complete listing of all other jobs you have held in the past 10 years. Attach additional sheets if necessary.							
School District/Business Name Position/Title Dates of Employment Name of Supervisor Reason for Le	eaving						

Full Name of Reference	Full Name of Reference
School/Firm Name	School/Firm Name
Position/Title	Position/Title
Phone Number	Phone Number
Mailing Address	
Full Name of Reference	Full Name of Reference
School/Firm Name	
Position/Title	
Phone Number	Phone Number
Mailing Address	
SENERAL INFORMATION Do you have a relative who serves on t	he Board of Education or is an employee of Stamford ISD?
	he Board of Education or is an employee of Stamford ISD? name of the relative and relationship:
Do you have a relative who serves on t	name of the relative and relationship:
Do you have a relative who serves on t Yes No If yes, please give the n Name: Have you ever been convicted of, pled suspension, or deferred adjudication for not limited to: theft, rape, murder, swi	Relationship: Relationship: guilty or no contest (nolo contendre) to, or received probation,
Do you have a relative who serves on t Yes No If yes, please give the n Name: Have you ever been convicted of, pled suspension, or deferred adjudication for not limited to: theft, rape, murder, swi	Relationship: Relationship: guilty or no contest (nolo contendre) to, or received probation, or a felony or any offense involving moral turpitude (including, but ndling, and indecency with a minor)? Yes No

PERSONAL STATEMENT

Please make a statement in your own handwriting concerning your reasons for desiring a position with Stamford ISD.

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 to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information.

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

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 360 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

The district Title IX Coordinator is Will Brewer, Superintendent, 507 S. Orient, Stamford, Texas 79553, (325) 773-2705

^{*}Stamford ISD considers applicants for all positions without regard to race, color, sex (including pregnancy), national origin, age, religion, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.

^{*}Stamford ISD takes continuous steps to notify participants, beneficiaries, applicants, parents, employees (including those with impaired vision or hearing), other interested parties, and unions or professional organizations holding collective bargaining or professional agreements with the district that it does not discriminate on the basis of race, color, national origin, sex, disability, or age.

Addendum to Application

CONFIDENTIAL

Stamford Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Name:			
Last	First	٨	1iddle
Social Security Number:		D.O.B:	
Driver's License State:	Driver's License Number		
Mailing Address			
Street	City	State	Zip Code
E-mail Address			
Sex: ☐ Male ☐ Female	Ethnicity:	□ Black □ W	hite/Other
I understand that the information I a determine eligibility for employment history record information.		•	
Signature			<u></u>

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