

PROFESSIONAL APPLICATION HARDIN-JEFFERSON INDEPENDENT SCHOOL DISTRICT

Dear Applicant:

Thank you for your interest in the Hardin-Jefferson Independent School District. We feel our school district is the best in the state with caring educators and community members who put student success as the number one priority.

In order for you to start the application process, you will need to do the following:

1. Complete the enclosed application in black or blue ink or typewritten.
2. Attach a legible copy (does not have to be official) of your transcripts. (Original required upon employment)
3. Attach a copy of ExCet results, if applicable.
4. List references with correct addresses and phone numbers in the reference area on the application.
5. Complete and sign criminal history form.
6. Attach a copy of your teaching certificate.
7. Attach a copy of your service record (s), if applicable.

Your application will be considered for any vacancies in your area of certification as they become available.

We appreciate your interest, and look forward to receiving your completed application.

Return application to:

Hardin-Jefferson Independent School District
P. O. Box 490
Sour Lake, Texas 77659

HARDIN-JEFFERSON INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT

CERTIFIED/LICENSED/PROFESSIONAL

Personal Information

Name: Last	First	Middle	Date
Name as recorded on transcripts, certificates, etc.			Social Security Number
Permanent address: Number	Street	City	State Zip
Present address: Number	Street	City	State Zip
Telephone No. ()	Emergency Telephone No.	Date available	

Position (s) for which you wish to be considered (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher | <input type="checkbox"/> Athletics Trainer |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Librarian | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Director | <input type="checkbox"/> Counselor | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Nurse | |
| | <input type="checkbox"/> Speech Pathologist | |
| | <input type="checkbox"/> Diagnostician | |

Teaching Level Desired	First Choice (Subject and/or Grade)	Second Choice (Subject and/or Grade)
<input type="checkbox"/> Elementary		
<input type="checkbox"/> Middle School		
<input type="checkbox"/> High School		

CERTIFICATION

TEXAS CERTIFICATION INFORMATION (Graduating seniors: Complete this with known and anticipated information)					
Type of Certificate	Certificate number	Date Issued	Expiration Date		
Name, as it appears on certificate					
		First	Middle	Last	
<input type="checkbox"/> Administrative <input type="checkbox"/> All Level <input type="checkbox"/> Counseling <input type="checkbox"/> Elementary <input type="checkbox"/> Librarian <input type="checkbox"/> Secondary <input type="checkbox"/> Diagnostician					
1st teaching field	Sem. Hrs.	2 nd teaching field/endorsements	Sem. Hrs.	3rd teaching field/endorsements	Sem.Hrs.
If you have taught in Texas with any type of emergency or special assignment permit, please explain:					

POSITIONS REQUIRING A TEXAS LICENSE (psychologists, speech therapists, nurses, trainers)

Type of license _____ License number _____

Date issued _____ Expiration date _____

The Hardin-Jefferson ISD is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, sex, national origin, age, veteran or military status, disability, or on any legally protected status.

EDUCATION:

Highest degree held:		
<input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral

COLLEGES AND UNIVERSITIES ATTENDED:

List all attended. Please use additional sheet if necessary.

Institution 1.					
Address: Number		Street	City	State	Zip
Major	Minor	Degree received & date	Years attended	GPA	
Institution 2.					
Address: Number		Street	City	State	Zip
Major	Minor	Degree received & date	Years attended	GPA	
Institution 3.					
Address: Number		Street	City	State	Zip
Major	Minor	Degree received & date	Years attended	GPA	

Secondary School Graduated From:

High School: Name	City	State
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Teaching Experience:

Total full-time creditable years of service _____

Teaching and/or Other Educational Professional Experience

List most recent experience first. If more space is needed, please list additional schools on an attached sheet of paper.

1. School District		School	Telephone No. ()		
Address: Number		Street	City	State	Zip
Supervising Administrator			Grade or subject taught or position		
Length of service in years			Reason for leaving		
2. School District		School	Telephone No. ()		
Address: Number		Street	City	State	Zip
Supervising Administrator			Grade or subject taught or position		
Length of service in years			Reason for leaving		
3. School District		School	Telephone No. ()		
Address: Number		Street	City	State	Zip
Supervising Administrator			Grade or subject taught or position		
Length of service in years			Reason for leaving		
4. School District		School	Telephone No. ()		
Address: Number		Street	City	State	Zip
Supervising Administrator			Grade or subject taught or position		
Length of service in years			Reason for leaving		

Non-Teaching Experience:

1. School District/Firm			Telephone No. ()	
Address: Number	Street	City	State	Zip
Supervisor	Position	Reason for Leaving		
2. School District/Firm			Telephone No. ()	
Address: Number	Street	City	State	Zip
Supervisor	Position	Reason for Leaving		
3. School District/Firm			Telephone No. ()	
Address: Number	Street	City	State	Zip
Supervisor	Position	Reason for Leaving		

Extracurricular Activities:

List any extracurricular/co-curricular activities that you would be willing to direct or assist in directing.

Interest in Coaching/Athletics:

Please rank (in order of preference) the sports which you would like to coach.

1. _____ 2. _____ 3. _____ 4. _____

General Information:

Have you ever been discharged or “non-renewed” from a teaching or professional position?

Yes
 No If yes, please explain _____

Do you have a relative who serves on the Hardin-Jefferson ISD Board of Trustees?

Yes
 No If yes, please provide the relative’s name and relationship _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?

Yes
 No If yes, please explain on a separate sheet

References:

List professional references who are most familiar with your work (principals, administrators, department heads, team leaders, curriculum specialists, professors, etc.)

Name: Last 1.	First	School or Organization	Position	Telephone No. ()
Address: Number		Street	City	Zip
Name: Last 2.	First	School or Organization	Position	Telephone No. ()
Address: Number		Street	City	Zip
Name: Last 3.	First	School or Organization	Position	Telephone No. ()
Address: Number		Street	City	Zip

I hereby affirm that all information provided in the application is true and accurate to the best of my knowledge and that any deliberate falsifications, misrepresentations, or omissions of facts may be grounds for rejections 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 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.

The Hardin-Jefferson ISD is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, sex, national origin, age, veteran or military status, disability, or on any legally protected status.