

HUBBARD INDEPENDENT SCHOOL DISTRICT
P.O. BOX 218, HUBBARD, TEXAS 76648-0218

Phone Number: 254-576-2564

FAX Number: 254-576-5019

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Personnel Data	Date of application: _____ Social Security Number: _____			
	Name: _____			
	<i>Last First Middle Initial</i>			
	Current Address: _____			
	<i>StreetBox</i>			
	<i>City State ZIP Code</i>			
Other address where you may be reached: _____				
Work Phone: _____		Home Phone: _____		
Other name that may appear on records: _____				
<i>(Used only for reference checks)</i>				
Position Data	List the position(s) you are applying for: _____			
	Credentials included with application:			
	Resume			
	All teaching and professional certificates or licenses			
	All transcripts showing degrees			
Date you can begin work: _____				
Have you been employed by Hubbard ISD in the past? Yes No				
If you answered yes, provide dates of employment: _____				
Education/Training	Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Held	Year Graduated <i>(College Only)</i>

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Certification	Certificate or license currently held: None Valid Texas Valid Other State Texas Emergency Texas One-Year: Expires: _____ Texas Temporary Administrative: Expires: _____			
	Areas of Specialization: Administrator Superintendent Principal Mid-management Administrator Elementary Elementary and Kindergarten .Secondary (Jr./Sr. High)	All-Level Art All-Level Health and PE All-Level Music Librarian Counselor Special Education (specify) _____	Vocational (specify) _____ Nurse Visiting Teacher Supervisor Other (specify) _____	
Teaching Experience	List teaching experience beginning with most recent years.			
	Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving
Other Work Experience	Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach resume if available.			
	School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

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Professional Data	<p>Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.</p> <p>Papers/Articles published _____</p> <p>_____</p> <p>Seminars/Workshops conducted _____</p> <p>_____</p> <p>Other related professional activities _____</p> <p>_____</p>
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General Information	<p>Do you have a relative who serves on the Hubbard ISD Board of Education? Yes No If yes, please provide the relative's name and relationship: _____</p> <p>Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to: theft, rape, murder, swindling, and indecency with a minor)? Yes No</p> <p>If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication: _____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction 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.)</p>
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<p>Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.</p>				
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 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 522.083 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 a period not to exceed 365 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.

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL*

The Hubbard Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

Please Print

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Sex: Male Female

Ethnicity: Black White/Other

I understand that 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

Date

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