HASKELL CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

605 North Avenue E P O Box 937 Haskell, Texas 79521

Employment Application for Professional Personnel

The Haskell CISD considers 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.

Haskell CISD is An Equal Opportunity Employer

PERSONAL DATA				
Date of Application _		Social	Security Number	
Name				
	LAST	FIRST	MIDD	LE INITIAL
Current Address				
	Street or Box	City	State	Zip Code
Other address where	you may be reached:			
Home Phone		Cell I	Phone	
Email Address				
POSITION DATA Position for which yo	u are applying			
Credentials included v	with this application:		Resume Teaching/Professional	
Date Available:			Transcript Copies show -	ing degrees
Former School Distric	t Employee? If	so, list distr	ricts and dates employe	ed:
	nated as a recipient of t			t (TIA)
-	Retirement System re you retire?			
Do you currently worl	k for another Texas Pub	olic School in	any capacity?	
If yes, please give na	me of school and hours	working		

EDUCATION / TRAINING List all applicable schools—high school, colleges, universities, etc. Name of School Major/Minor Diploma/Degree Year Graduated **CERTIFICATION** Type of certificate currently held: _____ Texas Teaching Certificate _____ Teaching Certificate other state _____ _ Texas Emergency Certificate _____ Texas One-Year Certificate Exp._____ _____ Texas Temporary Administrative Exp. Areas of specialization: Counselor Administrator ____ Superintendent ____ Special Education (specify): Principal _____ Mid-management Administrator _____ Elementary _____ Vocational (specify): _____ Secondary (junior, senior high) ____ Nurse ____ All Level Art ____ Supervisor All Level Health / PE Librarian _____ Other: _____ _____ All Level Music **TEACHING EXPERIENCE** List teaching experience beginning with MOST RECENT: Name of School Type of Assignment Dates Taught Reason for Leaving

OTHER WORK EXPERIENCE

	complete listing of all o Attach resume, if availal	ther jobs or administrative posit ble.	ions you have held in the
Employer	Position	Dates Employed	Reason for Leaving
PROFESSIONA	L DATA		
Omit references	to organizations that wo	ould reveal race, age, ethnic orig	gin, or religious belief.
Publications/Artic	eles:		
Seminars/Worksh	nops Conducted:		
Other Related Pro	ofessional Activities:		
GENERAL INFO		ompleted by ALL APPLICANT	
		I not be able to perform the dut no If yes, please explain:	ties of the position for
, ,		per of the Haskell CISD Board of elative and relationship:	f Education?yes
		y or offense involving moral tur , indecency with a minor)?	
(Ci-ti		namba manak. The dishwish will consider t	h data d

(Conviction of a felony 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.)

REFERENCES

Full Name of Reference	Full Name of Reference		
School/Firm Name	School/Firm Name		
Position/Title	Position/Title		
Phone Number	Phone Number		
Mailing Address	Mailing Address		
- "			
Full Name of Reference	Full Name of Reference		
School/Firm Name	School/Firm Name		
Position/Title	Position/Title		
Phone Number	Phone Number		
Mailing Address	Mailing Address		

VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I 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 parties from all 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 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 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.

for employment beyond this time period maccepted at that time.	ay inquire as
Signature of Applicant	Date

PERSONAL STATEMENT Please make a statement in your own handwriting concerning your reasons for desiring a position with Haskell Consolidated Independent School District.

Haskell CISD does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Lonnie Hise-Superintendent, 605 N Ave E Haskell, TX 79521, 940-864-2602, lhise@haskell.esc14.net

Haskell CISD no discrimina por motivos de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. La siguiente persona ha sido designada para manejar consultas sobre las políticas de no discriminación: Lonnie Hise-Superintendent, 605 N Ave E Haskell, TX 79521, 940-864-2602, lhise@haskell.esc14.net

The district Title IX Coordinator is Lonnie Hise, Superintendent, 605 N Ave E, Haskell, Texas 79521. (940) 864-2602 lhise@haskell.esc14.net

ADDENDUM TO APPLICATION CONFIDENTIAL

The Haskell Consolidated 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.

PLEASE PRINT	Γ:				
Full Name	LAST	FIRST	MI	DDLE	MAIDEN
Social Security N	Number		Date of	Birth	
Sex: Ma	le Female	Ethnicity:	Black	White/Oth	er
Driver's License	Number				
determine my e	e information I am p ligibility for employn record information.	•		•	
Signature		Date			

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