

MOUNT VERNON INDEPENDENT SCHOOL DISTRICT

P. O. BOX 98 - MOUNT VERNON, TX 75457

EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

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

An Equal Opportunity Employer

Personal Data	Date of application _____			
	Name _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 40%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle initial</small>			
	Current address _____ <small style="display: inline-block; width: 25%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 40%; text-align: center;">ZIP Code</small>			
	Other address where you may be reached _____			
	Work phone _____		Home phone _____	
Position Data	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	Check the highest level of education attained: <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than two years of college <input type="checkbox"/> Two or more years of college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Other training or education _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <small>(College only)</small>

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Certification	<p>Certificate or License Currently Held:</p> <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas Emergency <input type="checkbox"/> Texas One-Year: Expires _____ <input type="checkbox"/> Texas Temporary Administrative: Expires _____																							
	<p>Level(s) of Certification: _____</p>																							
	<p>Areas of Specialization/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																							
Teaching Experience	<p>List teaching experience beginning with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and location of school</th> <th style="width: 20%;">Type of assignment</th> <th style="width: 20%;">Dates taught</th> <th style="width: 30%;">Reason for leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and location of school	Type of assignment	Dates taught	Reason for leaving																
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Other Work Experience	<p>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 résumé if available.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">School district/firm name</th> <th style="width: 20%;">Position/title</th> <th style="width: 20%;">Dates employed</th> <th style="width: 30%;">Reason for leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				School district/firm name	Position/title	Dates employed	Reason for leaving																
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Assignment Preference	<p>Please list the days you are available to substitute and your assignment preferences.</p> <p>Day(s) of week <input type="checkbox"/> Every day or only the following: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Assignment <input type="checkbox"/> Any or only the following: <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education</p> <p>Preferred campuses _____ _____</p> <p>Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</p>																									
General Information	<p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____ _____ _____</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>																									
References	<p>Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Full name of reference</th> <th style="width: 20%;">School district/ firm name</th> <th style="width: 25%;">Mailing address</th> <th style="width: 15%;">Position/title</th> <th style="width: 15%;">Area code, phone number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code, phone number																				
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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 §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.

Independent School District

P. O. Box 98
Mount Vernon, Texas 75457

OFFICE OF THE SUPERINTENDENT

Phone: (903) 537-2546 FAX: (903) 537-4784

Criminal History Record Information Addendum

Confidential*

The Mount Vernon Independent School District is required by state law to obtain criminal history record information on applicants for employment with the district (Texas Education Code Section 22.083). The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT

NAME: Last First Middle

Social Security No. Date of Birth

Sex: Male Female Ethnicity: Black White Other

I understand 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.