

BRECKENRIDGE INDEPENDENT SCHOOL DISTRICT

208 North Miller Street PO Box 1738
 Breckenridge TX 76424
 254-559-2278 (phone) 254-559-3180 (fax)
 I.D. # _____
To be completed by Business Office

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

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|---------------------------|--|-----------------------------------|---|--------------------|
| Personnel Data | Date of application _____ Social Security number _____ Name _____ <small style="margin-left: 40px;">Last</small> <small style="margin-left: 150px;">First</small> <small style="margin-left: 150px;">Middle Initial</small> Current Address _____ <small style="margin-left: 100px;">Street/Box</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 50px;">ZIP Code</small> Other address where you may be reached _____ Work phone _____ Home phone _____ Other name that may appear on records _____ <small style="margin-left: 40px;">(Used only for reference checks)</small> | | | |
| Position Data | Position(s) you are applying for: <input type="checkbox"/> Elementary - grade level _____ <input type="checkbox"/> Secondary - subject area _____ <input type="checkbox"/> Administration - position _____ <input type="checkbox"/> Other _____ 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 Date you can begin work _____ Have you been employed by the Breckenridge I.S.D. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | Graduate Yes or No |
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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:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Administrator <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal <input type="checkbox"/> Midmanagement Administrator <input type="checkbox"/> Elementary <input type="checkbox"/> Elementary and Kindergarten <input type="checkbox"/> Secondary (Jr. / Sr. High) | <ul style="list-style-type: none"> <input type="checkbox"/> All-Level Art <input type="checkbox"/> All-Level Health and PE <input type="checkbox"/> All-Level Music <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> Special Education (specify) _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Vocational (specify) _____ <input type="checkbox"/> Nurse <input type="checkbox"/> Visiting Teacher <input type="checkbox"/> Supervisor <input type="checkbox"/> 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 |
|-----------------------------|--------------------|--------------|--------------------|
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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 résumé if available.

| School district/firm name | Position/title | Dates employed | Reason for leaving |
|---------------------------|----------------|----------------|--------------------|
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Professional Data

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/articles published _____

Seminars/workshops conducted _____

Other related professional activities _____

General Information

Do you have a relative who serves on the Breckenridge I.S.D. Board of Education? Yes No

If yes, please provide the relative's name and relationship to you: _____

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

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: _____

(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.)

References

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.

| 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.

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 1 year from the date of application. 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.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants selected for employment. I understand that any information obtained from a reference is confidential information and by signing below I waive all of my rights under the Freedom of Information Act to receive copies of this information.

Signature

Date

Confidential*
Criminal History Record Information Addendum

The Breckenridge Independent School District is authorized by state law to obtain criminal history record information on applicants being considered for employment (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.