

POTH INDEPENDENT SCHOOL DISTRICT

P.O. Box 250

Poth, Texas 78147

Phone Number: (830) 484-3330 Fax Number: (830) 484-2961

PROFESSIONAL APPLICATION

An Equal Opportunity Employer

Poth Independent School District is an Equal Opportunity Employer.

Poth ISD does not discriminate on the basis of race, color, national origin, sex or handicap.

Personal Data	Date of Application: _____ Date Available: _____
	Name: _____
	SSN: _____ Driver's License Number _____
	Address: _____ City: _____ State: _____ Zip: _____
	Home Phone: _____ Work Phone: _____
Position Data	Position Desired: _____ Level: _____
	Date you can begin work: _____
	Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates and/or licenses <input type="checkbox"/> All transcripts showing degrees

Teaching Experience

Name/Location of School	Grades/Subjects	Month/Year to Month/Year Taught	No. Years	Reason for Leaving

Other Work Experience

School/Firm Name	Position/Title	Dates Employed	Reason for Leaving

Education/Training

Name/Location of School	Course of Study Major/Minor	Diplomas, Degrees, Certification/License	Year Graduated

References

Please list references that Poth ISD can contact regarding your work history. Include all managers and supervisors who have evaluated or supervised your last two places of employment. Your training, experience and character should be reflected in your list of references.

Full Name of Reference	Business Name	Address	Position/Title	Phone Number

Certification	<p>Certificate or License Currently Held:</p> <p>() None () Texas Emergency () Valid Texas () Texas One-Year: Expires _____ () Texas Temp Admin. Expires: _____ () Valid Other State: _____ () Valid Other State: _____</p> <p>Areas of Specialization:</p> <p>() Superintendent () Administrator () Midmanagement Admin. () Principal () Supervisor () Counselor () All Level Art () All Level Music () Career/Technology: _____ () All Level Health/P.E. () Librarian () Nurse () Elementary () Elem./Kindergarten () Visiting Teacher () Secondary (Jr./High) Instructional/Certified Area(s) _____ () Special Education: _____</p> <p>Certification Pending:</p> <p>() Accepted in alternative certification program. Program: _____ Target Teaching Field: _____ () Currently enrolled in student teaching. College/University _____ () Other: Please explain: _____</p>
General/History Information	<p>Do you have a relative that serves on the Poth ISD Board of Education? () YES () NO If yes, please provide name and relation: _____</p> <p>Do you have a relative who is currently employed by Poth ISD? () YES () NO If yes, please provide name, relation and position held: _____</p> <p>Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and/or indecency with a minor?) () YES () NO If yes, please state where, when and the nature of the offense: _____ _____ _____ (A felony conviction, a plea of guilty or no contest (nolo contendere). Probation, suspension, or deferred adjudication for a felony or an offense involving moral turpitude 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> <p>Have you ever been released from your employment with any school district by agreement, nonrenewal, termination, or other means? () YES () NO If yes, please state where, when and the circumstances under which you left your employment: _____ _____ _____</p> <p>Have you successfully completed the appropriate TECA/ Ex CET Test(s)? () YES () NO If no, please indicate date scheduled: _____ If yes, have you been recommended by your University for Certification? () YES () NO If no, please give reason: _____</p>

PHILOSOPHY OF EDUCATION	<p>In the space provided, in your own handwriting, please state your philosophy of education:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
VERIFICATION	<p>“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.</p> <p>I hereby release the references listed in this application, including their employers and any representatives of the reference or employer, from any liability for damages that may result to me on account of compliance, or any attempts to comply, with this authorization, including, but not limited to, liability for demotion, libel, slander, or negligence.</p> <p>I authorize the references listed on the previous page to give you any and all information, including settlement agreements, non-renewals, or termination, concerning my previous employment with other school districts and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damages that may result from furnishing the same to you.</p> <p>I understand that this District is authorized by Texas Education Code §22.083 to obtain criminal history record information on all applicants the District intends to employ.</p> <p>I also understand that all records assembled by the Poth Independent School District become property of said District and will not be returned. This application will remain active for one year.</p> <p><i>“I UNDERSTAND AND AGREE THAT I WILL RECEIVE NO FURTHER REPLY UNLESS FAVORABLE CONSIDERATION IS GIVEN TO MY APPLICATION.”</i></p> <p>_____</p> <p>Signature of Applicant _____ Date</p>

CRIMINAL HISTORY INFORMATION REQUEST

The Poth Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

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