

MERKEL ISD EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____			
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>	
	Current address _____			
	<i>Street/Box</i>	<i>City</i>	<i>State</i> <i>ZIP Code</i>	
Other address where you may be reached _____				
Home phone _____ Cell phone _____ Other phone _____				
Other name that may appear on records _____				
<i>(Used for certification, reference, and criminal history record checks)</i>				
Position Data	List the position(s) for which you are applying _____			
	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 Merkel ISD 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 granted	Year graduated <i>(College only)</i>

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Certification/Licensure	<p>Certificates or Licenses Currently Held:</p> <ul style="list-style-type: none"><input type="checkbox"/> None<input type="checkbox"/> Valid Texas<input type="checkbox"/> Valid Other State _____<input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____<input type="checkbox"/> Other: _____ <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Teaching Experience	List teaching experience beginning with most recent years.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		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.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	
	References	Please list references the district can contact regarding your work history.		
Full name of reference		School district/ firm name	Mailing address	Area code/ phone number

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General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Merkel ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <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>_____</p> <p>_____</p> <p><small>(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.)</small></p>
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 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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p align="center">_____ Signature</p> <p align="center">_____ Date</p> <p>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 24 months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

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The district Title IX Coordinator is:

(Bryan Allen, Superintendent, P.O. Box 430 Merkel, Texas 79536, and 325-928-2000.)

Please Mail Application to:

Bryan Allen, Superintendent

P.O. Box 430

Merkel, Texas 79536

Email: ballen@merkelisd.net



MERKEL INDEPENDENT SCHOOL DISTRICT
P.O. BOX 430, MERKEL, TEXAS 79536
AREA CODE 325-928-5813

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL*

THE MERKEL INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON APPLICANTS THE DISTRICT INTENDS TO EMPLOY EITHER ON A FULL-TIME, PART-TIME, OR SUBSTITUTE BASIS, (ACCORDING TO Texas Education Code §22.083 and Senate Bill 9). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY AND FINGER PRINTING 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, ETHNICITY WILL NOT BE USED TO DETERMINE ELIGIBILITY FOR EMPLOYMENT BUT WILL BE USED SOLELY FOR THE PURPOSE OF OBTAINING THE ABOVE NECESSARY INFORMATION.

I UNDERSTAND THAT IS MY RESPONSIBILITY TO PAY FOR ALL FEES THAT ARE REQUIRED TO OBTAIN THIS INFORMATION.

SIGNATURE

DATE