

Sabine Pass Independent School District

Office of:
HUMAN RESOURCES
 5641 S. Gulfway Dr.
 P.O. Box 1148
 Sabine Pass, TX 77655
 409-971-2321

DATE REC'D:
INTERVIEW LETTER DATE:
INTERVIEW DATE:
DATE CARD:
MEETING DATE:

PROFESSIONAL APPLICATION

SOCIAL SECURITY NUMBER	DATE OF APPLICATION	DATE AVAILABLE
NAME		
LAST	FIRST	INITIAL
OTHER		
PRESENT ADDRESS		
Number	Street	HOME PHONE () _____
City	State	ZIP
BUSINESS PHONE () _____		
PERMANENT ADDRESS		
Number	Street	HOME PHONE () _____
City	State	ZIP
BUSINESS PHONE () _____		
Former Sabine Pass ISD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when? _____		

POSITIONS APPLIED FOR

CHECK ALL BOXES THAT APPLY, PLEASE PROVIDE ADDITIONAL INFORMATION WHERE INDICATED

ELEMENTARY TEACHER

- | | |
|---|--|
| <input type="checkbox"/> Pre-Kindergarten | Teaching Field(s):
1 _____
2 _____
3 _____ |
| <input type="checkbox"/> Kindergarten | |
| <input type="checkbox"/> Diagnostician | |
| <input type="checkbox"/> Grades 1-5 | |

- Special Education
 Type(s): _____
- Administrator
- Counselor

SECONDARY TEACHER

- | | |
|--|--|
| <input type="checkbox"/> Grades 6-8 | Teaching Field(s):
1 _____
2 _____
3 _____ |
| <input type="checkbox"/> Grades 9-12 | |
| <input type="checkbox"/> Coach | |
| <input type="checkbox"/> Career & Technology | |

- Librarian
- Nurse
- Other _____

CERTIFICATION

A. CERTIFICATION HELD:

- Valid Texas
 Expiration Date: _____
 Will receive certification upon graduation

- Valid other state(s):
 Expiration Date: _____
 Degree, non-certified

B. AREAS OF SPECIALIZATION:

- | | | |
|--|--|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Librarian | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Vocational | <input type="checkbox"/> Mid-Management |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Special Education | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> All Level _____ | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Counselor | _____ | |
| <input type="checkbox"/> Bilingual | _____ | |

◆ If not presently certified, have you previously held a one-year certification in Texas? Yes No

Explain: _____

◆ Have you previously taught in Texas on an emergency or special assignment teaching permit? Yes No

Explain: _____

**Recent graduate without teaching certification: Include a letter of certification status from the college certification office.*

EDUCATION

HIGH SCHOOL _____ LOCATION _____

COLLEGE/UNIVERSITY AND LOCATION	DATES ATTENDED		MAJOR	MINOR	DEGREE	DATE
	From	To				

STUDENT TEACHING

From Mo Yr	To Mo Yr	Grade/Subject/Campus	Cooperating Teachers	School District & Address

TEACHING EXPERIENCE

List in chronological order (If more space is needed, attach separate sheet):

From Mo Yr	To Mo Yr	# of Years	Name & Address of School	Principal	Grade/Subject

*TOTAL CREDITABLE YEARS: _____ (Full-time teaching in college, public school or accredited private school)

* Must meet TEA requirements for salary purposes. Responsibility of individual to provide appropriate documentation

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EMPLOYMENT OUTSIDE OF EDUCATION

From Mo Yr	To Mo Yr	# of Years	Type of Work	Company	Address

Have you ever failed to be re-elected to or been discharged from a teaching position? Yes No

If "Yes," where, when, and why? _____

(If more space is needed, attach additional sheet.)

The district is required by Texas Education Code 21.917 to obtain criminal history record information on the applications for employment. The district will require you to sign, and return the attached Criminal Records Check Authorization.

Have you ever been convicted of or charged with a felony, midsdemeanor, or a crime involving moral turpitude (Including but not limited to: theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication? Yes No

If "Yes," where, when, and why? _____

(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.)

Briefly state your educational philosophy and your reasons for seeking employment in the Sabine Pass ISD. (If more space is needed, attach a separate sheet.) _____

HUMAN RESOURCES OFFICE USE ONLY: _____

Do you have a relative who is either a member of the Sabine Pass ISD Board of Trustees or who is employed in any capacity in the Sabine Pass Independent School District? Yes No

If "Yes," please give the following information:

Name of Relative	Relationship	Position Held

REFERENCES

PROFESSIONAL: List names of four references capable of giving information about your teaching and preparation for teaching. List at least one administrator from each of your last two teaching positions.

Full Name of Reference	Position and School District	Complete Address	Phone Number

PERSONAL: Give two references listing persons who have known you for a period of years. These may include your former teachers, principals, former employers, long-time family friends, home community civic leaders, clergymen, and others.*

Full Name of Reference	Position	Complete Address	Phone Number

* If you are a recent graduate and have established a placement file, please have it sent to our Office of Human Resources.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL AFTER EMPLOYMENT. Further, it is understood that this application becomes the property of the Sabine Pass Independent School District, which reserves the right to accept or reject it. References and other information which become a part of this record are to be regarded as confidential and shall not be revealed to me.

Signature of Applicant

Date

This application will remain on file for two years only; it must be renewed if further consideration is desired. All applications are considered for all positions without regard to race, color, national origin, religion, sex, marital or veteran status, medical condition, or disability or any other legally-protected reason.

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SABINE PASS INDEPENDENT SCHOOL DISTRICT

ADDENDUM

The Sabine Pass Independent School District is required by state law to obtain criminal history record information on applicants beings considered for employment with the district (Texas Education Code Section 21.917). The information requested below is necessary to obtain criminal history reocrd information.

FULL NAME _____
(Print) Last First Middle

Social Security Number: _____ 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.