

CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

441 Graham, Tuscola, Texas 79562 | 325-554-7500 (P) | 325-554-7740 (F)

Will Brewer
Superintendent
will.brewer@jimned.escl4.net

Hunter Cooley Chief Financial Officer hcooley@jimned.esc14.net David Hogan Chief Academic Officer dhogan@jimned.esc14.net

Employment Application for Professional Personnel

PERSONAL INFORMATION			
Date of Application:	 		
Name:			
Name:	FIRST		MI
Address:	CITY	STATE	ZIP
Phone: Cell I			
Email:			
Other name that may appear on re (Used for certification, reference, and criminal his	cords:		
POSITIONS			
Position for which you are applying	::		
Credentials included with this appli	☐ Teaching ☐ Transcrip	/Professional Certificat of Copies Showing Degro ailable for employment	ees
Former JNCISD employee? (Yes/No)If yes, pro	vide dates of employme	ent
Are you a Teacher Retirement System If yes, what year did you retire?		lo	
EDUCATION			
Schools attended:			
Name of School	Major/Minor	Diploma/Degree	Year Graduated

TEACHING CERTIFICATION	S & LICENSES					
 None Valid Texas Teaching C Valid Other State Teaching C Texas Emergency Cert Texas One-Year Certifi Texas Temporary Adm CDL with Passenger En 	hing: State & Subjectificate cate Exp inistrative Exp					
AREAS OF SPECIALIZATION & SUPPLEMENTAL CERTIFICATIONS						
☐ Superintendent ☐ Principal ☐ Administrator ☐ Secondary (junior, seni ☐ Elementary ☐ Counselor	or high)	☐ Nurse	ucation I (specify):			
TEACHING EXPERIENCE						
List teaching experience	beginning with mos	t recent:				
Name of School	Subject/Assignment	Date of Employment	Name of Supervisor	Reason for Leaving		
Name of School	Subject/Assignment	Date of Employment	Name of Supervisor	Reason for Leaving		
OTHER WORK EXPERIEN	CE					
Please provide a comple sheets if necessary.	te listing of all other	jobs you have held in	n the past 10 years. Att	ach additional		
School District/Business Name	Position/Title	Dates of Employment	Name of Supervisor	Reason for Leaving		

Full Name of Reference	
School/Firm Name	
Position/Title	
Phone Number	Phone Number
Mailing Address	Mailing Address
Full Name of Reference	Full Name of Reference
School/Firm Name	School/Firm Name
Position/Title	
Phone Number	Phone Number
Mailing Address	
ENERAL INFORMATION Do you have a relative who serves on	the Board of Education or is an employee of Jim Ned CISD?
Do you have a relative who serves on	the Board of Education or is an employee of Jim Ned CISD? name of the relative and relationship:
Do you have a relative who serves on	name of the relative and relationship:
Do you have a relative who serves on Yes No If yes, please give the Name: Have you ever been convicted of, please give the suspension, or deferred adjudication not limited to: theft, rape, murder, sy	name of the relative and relationship:
Do you have a relative who serves on Yes No If yes, please give the Name: Have you ever been convicted of, please give the suspension, or deferred adjudication not limited to: theft, rape, murder, sy	name of the relative and relationship: Relationship: d guilty or no contest (nolo contendre) to, or received probation, for a felony or any offense involving moral turpitude (including, but vindling, and indecency with a minor)?

PERSONAL STATEMENT

Please make a statement in your own handwriting concerning your reasons for desiring a position with Jim Ned CISD.

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 to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information.

I understand that the district is authorized by the Texas Education Code to review criminal history information on applicants the district intends to employ.

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 of time not to exceed 360 days. 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.

SIGNATURE OF APPLICANT	DATE

The district Title IX Coordinator is Will Brewer, Superintendent, 441 Graham St., Tuscola, Texas 79562, (325) 554-7500

^{*}Jim Ned CISD considers applicants for all positions without regard to race, color, sex (including pregnancy), national origin, age, religion, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.

^{*}Jim Ned CISD takes continuous steps to notify participants, beneficiaries, applicants, parents, employees (including those with impaired vision or hearing), other interested parties, and unions or professional organizations holding collective bargaining or professional agreements with the district that it does not discriminate on the basis of race, color, national origin, sex, disability, or age.

Addendum to Application

CONFIDENTIAL

Jim Ned Consolidated 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.

Name:			
Last	First		Middle
Social Security Number:		D.O.B:	
Driver's License State:	Driver's License Number		
Mailing Address			
Street	City	State	Zip Code
E-mail Address			
Sex: ☐ Male ☐ Female	Ethnicity:	□ Black □ W	/hite/Other
I understand that the information I a determine eligibility for employmen history record information.			
 Signature	 		

This form will be removed from the application and filed separately in the administration office.