



Walnut Springs ISD

PO Box 63

Walnut Springs, TX 76690

PH 254-797-2132 or 254-797-2133 Fax 254-797-2191

Superintendent
Pat Garrett

Principal
Craig Taylor

Employment Application for Para Professional Personnel

Walnut Springs I.S.D. does not discriminate on the basis of race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status in the educational programs and activities which it operates.

PERSONAL DATA

Date of Application _____ Social Security Number _____ - _____

Name: _____
LAST FIRST MIDDLE INITIAL

Current Address: _____
STREET/BOX CITY STATE ZIP

Other Address Where You May Be Reached _____
STREET/BOX CITY STATE ZIP

Work Phone: _____ Home Phone: _____

Name Used On Records If Different From Present Name: _____

POSITION DATA

Position For Which You Are Applying _____

Date Available for employment _____

Former WSISD Employee? Yes _____ No _____ *If Yes Dates of Employment* _____

EDUCATION/TRAINING

Schools Attended: List All Applicable Information

Name Of School And Location	Course of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated (College Only)

GENERAL INFORMATION

Do you have a relative who is a member of the Walnut Springs ISD Board of Education? Yes _____ No _____

If yes, please give the name of the relative and the relationship.

Name: _____ Relationship: _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication: Yes _____ No _____

If yes, please state where, when, and the nature of the offense.

(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.)

WORK EXPERIENCE

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. **PLEASE ATTACH RESUME.** *If all of this information is listed in your resume, please indicate below and do not replicate data. However, we must have ALL data.*

School District/ Firm Name	Position/Title	Dates Employed	<u>REASON FOR LEAVING</u>

REFERENCES

Please list below references that may be contacted regarding your work history. Please include all managers / supervisors at the last two employing organizations who evaluated or supervised your work experience. *If all of this information is listed in your resume, please indicate below and do not replicate data. However, we must have ALL the information.*

Full Name of Reference	School District or Firm Name	Mailing Address	Position/ Title	<u>AC / Phone #</u>

VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I 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 same to you.

I understand that the district is required by Texas Education Code 22.083 to obtain criminal history record information on applications selected for employment.

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 365 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



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Addendum to Application

We consider Applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or Veteran status, the presence of a medical condition, disability, or any other legally protected status.

CONFIDENTIAL

THE WALNUT SPRINGS INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT WITH THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083)

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION AND WILL NOT BE USED IN ANY MANNER RELATED TO DETERMINING THE ELIGIBILITY FOR EMPLOYMENT WITH THE DISTRICT.

Full Name: _____

Social Security Number _____ D.O.B. _____

Driver's License Number: _____ State: _____

Sex: Male
 Female

Ethnicity: Black
 Hispanic
 Other
 White

Signature of Applicant

Date