

TEACHING EXPERIENCE

List only teaching experience beginning with most recent years:

| Name of School and Location | Type of Assignment | Dates Taught | Reason for Leaving |
|-----------------------------|--------------------|--------------|--------------------|
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OTHER WORK EXPERIENCE

Please provide a complete listing of all other jobs you have held in the past five years. Attach additional sheets if necessary.

| School District/Firm Name | Position/Title | Dates Employed | Reason for Leaving |
|---------------------------|----------------|----------------|--------------------|
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GENERAL INFORMATION

Do you have a relative who is a member of the Garrison ISD School Board of Trustees? yes no
If yes, please give the name of relative and relationship: _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? 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.)

REFERENCES

Please list below five references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

| Full Name of Reference | School District/Firm Name | Mailing Address | Position/Title | Phone Number |
|------------------------|---------------------------|-----------------|----------------|--------------|
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Days of the week that you would be available to work:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Areas of the district in which you would like to work:

- Pre-school
- Elementary
- Middle School
- High School
- Special Education
- Nurse's Office
- Secretary's Office

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 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 §21.917 to obtain criminal history record information on applicants 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 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

CONFIDENTIAL

This form will be removed from the application and filed separately in the personnel office upon receipt.

**Garrison Independent School District
459 N US Hwy 59 ~ Garrison, TX 75946**

The Garrison 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 21.917). The information requested below is necessary to obtain criminal history record information.

Full Name _____
(Please Print) Last First Middle

Social Security No. _____ Date of Birth _____

Sex: ___Male ___Female Ethnicity: ___Black ___Hispanic ___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.

Applicant's Signature