

Garrison Independent School District
459 N US Hwy 59, Garrison, TX 75946-2117
Phone 936-347-7000 Fax 936-347-2529

Employment Application for Service and Support Personnel

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.

An Equal Opportunity Employer

PERSONAL DATA

Date of Application _____ Social Security Number _____
Name _____ Driver's License No. _____
Current Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____
Other Address Where You May Be Reached _____
Work Phone Number _____ Home Phone Number _____
Name used on records (if different from present name) _____

POSITION DATA

List the position(s) you are applying for: _____
Type of employment: Full-time Part-time Summer Only
Date you can begin work: _____
Have you been employed by Garrison ISD in the past? Yes No
If you answered yes, provide the date of employment: _____

EDUCATION/TRAINING

Check the highest level of education attained:

Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
 High School graduate GED Less than two years of college
 Two or more years of college Bachelor's degree
 Master's degree Other training or education _____
Licenses and certificate held _____

Schools Attended:

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL SKILLS

List specific skills and any machines or equipment you can operate. Include technology and number of year of experience.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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

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