# **PROFESSIONAL**

# **EMPLOYMENT APPLICATION**



		7.11.12.07.11.11.11.01.				
Full Name:				Date:		
	Last	First	M.I.			
Address:			_ Phone: _			
			_ Email:			
Driver's Lice	nse #:	Social Sec. I	No.:			
Date Availab	le:	Desired Sala	ary: \$			
Position App	olying For:   Teacher	☐ Administrator ☐	Other (Specify)			
Are you pres	sently employed?   Yes	☐ No If yes, where?				
When would	d you be able to start work?					
Have you ev	er been convicted of a misde	emeanor other than a tra	affic violation?	]Yes □ No		
If yes, please explain:						
Have you ev	er been convicted of a felon	y? □Yes □No V	/hen			
If yes	, please explain:					
		EDUCATIO	N			
High School:	:	A	ddress:			
From:	To Did	you graduate? ☐ Yes	□ No Did yo	ou receive a diploma? ☐ Yes ☐ No		
College:		A	ddress:			
From:	To Did	you graduate? ☐ Yes	☐ No Degree: _			
Other:		A	ddress:			
From:	To Did	you graduate? ☐ Yes	☐ No Degree: _			
_	_	REFERENCI		_		
Please list thr	ee professional references.					
Full Name:				Relationship:		
				Phone:		
Full Name: _				Relationship:		
				Phone:		
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# **EMPLOYMENT APPLICATION**



Full Name:			Relationship:	·
Company:	Phone:			
Address:				
		EVIOUS EMPLOYMENT		
Company:			Phone:	
Address:			Supervisor:	<del>-</del>
Job Title:	Startir	ng Salary: \$	Ending Salary: \$_	
Responsibilities:				
From: To:	Reason for	r Leaving:		
May we contact your pre	evious employer for a refe	rence? 🗌 Yes 🔲 No		
Company:			Phone:	_
		ng Salary: \$		
Responsibilities:				
From:To:	Reason for	r Leaving:		
May we contact your pro	evious employer for a refe	rence? 🗌 Yes 🔲 No		
Company:			Phone:	
		ng Salary: \$		
			_	
		r Leaving:		
	evious employer for a refe			
	PROFE	SSIONAL CERTIFICATION	N	
Do you possess a valid T	exas Teaching Certificate:	☐ Yes ☐ No		
Do you possess a valid T	eaching Certificate from ar	nother state? ☐ Yes ☐ N	o If yes, what state?	?
If you possess a valid tea	aching certificate from Texa for a certificate, please pro	as or any other state or hav vide the following informa	ve completed the requi	uirements and are in
Type of Certificate (ex. Provisional)	Level of Certification	Area of Specialization	Effective Date	Expiration Date

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List any professional organizations t	which you belong:	
Describe any honors you have recei	ed or articles you have published:	
	you believe important concerning yourself and your potential employment trict:	
	Disclaimer and Signature	
	nd complete to the best of my knowledge.	
• • •	ent, I understand that false or misleading information in my application or in	nterview
This application will not be consider You may include any other information	d complete without a college transcript showing the completion of a college on that you believe is pertinent with this application.	degree.
Signature	Date	
For Office Use Only:		
Date Received:	Comments:	
Date of Interview:		
Interviewed hy:		