

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
_____ Email: _____

Driver's License #: _____ Social Sec. No.: ____ - ____ - ____ D.O.B.: __/__/__

Date Available: _____ Desired Salary: \$ _____

Position Applying For: Teacher Aide Substitute Teacher Secretary

Are you presently employed? Yes No If yes, where? _____

Have you ever been convicted of a misdemeanor other than a traffic violation? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To _____ Did you graduate? Yes No Did you receive a diploma? Yes No

College: _____ Address: _____

From: _____ To _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To _____ Did you graduate? Yes No Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer for a reference? Yes No

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer for a reference? Yes No

CERTIFICATION

Do you possess a valid Texas Teaching Certificate: Yes No
 Do you possess a valid Teaching Certificate from another state? Yes No If yes, what state?

If you possess a valid teaching certificate from Texas or any other state or have completed the requirements and are in the process of applying for a certificate, please provide the following information:

Type of Certificate (ex. Provisional)	Level of Certification	Area of Specialization	Effective Date	Expiration Date

List any professional organizations to which you belong: _____

Describe any honors you have received or articles you have published: _____

List any other important information you believe important concerning yourself and your potential employment with Miller Grove Independent School District: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

This application will not be considered complete without a college transcript showing the completion of a college degree. You may include any other information that you believe is pertinent with this application.

Signature

Date

For Office Use Only:

Date Received: _____

Comments: _____

Date of Interview: _____

Interviewed by: _____
