LEGGETT INDEPENDENT SCHOOL DISTRICT

P. O. BOX 68 **LEGGETT, TEXAS 77350** (936) 398-2078 Fax (936) 398-2804

Employment Application for Professional 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

E E	Date of Application Social Security Number				
a	Name		First Middle In	itial	
	Current Address				
	Street	Вох	City	Zip Code	
Personal Data	Other address where you m	ay be reached			
6	Work Phone No		Home Phone No		
	Name used on records if different from present name				
Position Data	List the position(s) you are applying for Credentials included with application: Resume All teaching and professional certificates or licenses All transcripts showing degrees Date you can begin work Have you been employed by Leggett ISD in the past? Yes No If you answered yes, provide dates of employment				
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated (College Only)	
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Education/Training					
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Data	Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion. Papers/articles published					
Professional Data	Seminars/workshops conducted					
	Other related professional ac					
	Do you have a relative who serves on the Leggett ISD Board of Education?					
ormation						
General Information	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)? If yes, please state where, when, and the nature of the offense:					
	Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.					
References	Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code Phone Number	
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Í	ł	None			
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1=		Areas of Specializa	ation:		
1 5	1	☐ Administrator	☐ All-L	.evel Art	ocational (specify)
၂ပ		☐ Superintendent	☐ All-L	evel Health and PE	,
		☐ Principal			lurse
1		☐ Mid-Managemer	nt Administrator		isiting Teacher
1	ł	☐ Elementary	☐ Cou	-	upervisor
	1	☐ Elementary and	Kindergarten Special Educ	notion (anacify) Cl Other (an	one visor
	1	O Secondary (1s./S	Mildergarteri 🗆 Speciai Educ	cation (specify)	еспу)
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	LISE E	eaching experience	beginning with most recen	t years.	
1	Ne	me and Location	Type of	Dates	
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I		Of SCHOOL	Assignment	Taught	Reason for Leaving
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Teaching Experience					
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	Please	nrovide a list of all	other jobs or administrative	e positions you have held in	the past 10 years
مه	Attack	i additional choote	f necessary. Attach resume	e positions you have held in	i the past to years.
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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 that may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that Leggett ISD is authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.

O's and	
Signature	Date

This application becomes the property of Leggett ISD. Leggett ISD reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

P. O. Box 68 Leggett, Texas 77350

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

Confidential

The Leggett Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code 22.083). The information requested below is necessary to obtain criminal history record information.

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	Last		First		Middle
	Social Securi	ty Number		Date	of Birth
Sex:	☐ Male	☐ Female	Ethnicity:	☐ Black	☐ White/Other
not b	e used to de	termine eligibilit	I am providing about by for employment, it ory record informat	but will be u	
Signature					Date

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