

IRA PUBLIC SCHOOLS

6143 West FM 1606

Ira, Texas 79527

Phone: 325-573-2628

Fax: 325-573-9887

325-573-5825

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

Personal Data

Date of Application: _____ Social Security Number: _____

Name: _____
Last First Middle Initial

Current Address: _____
Street/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: _____
(to be used for reference checks)

Position Data

Position for which you are applying: _____

Credentials included with application:

☐ Resume

☐ All teaching and professional certificates (front and back, if appropriate)

☐ All transcripts showing degrees

Date Available: _____

Former _____ Ira _____ ISD Employee: yes _____ no _____

If yes, give dates of employment: _____

Education/Training

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated (College Only)

Certification	<p>Type of Certificate held now</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid other state _____ <input type="checkbox"/> Emergency (Texas) <input type="checkbox"/> Texas one-year certificate: Expiration date: _____ / _____ <input type="checkbox"/> Texas temporary administrative: Expiration date: _____ / _____ </p> <p>Areas of specialization</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Administrator <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal <input type="checkbox"/> Mid-management administrator <input type="checkbox"/> Elementary <input type="checkbox"/> Elementary and kindergarten <input type="checkbox"/> Secondary (junior and senior high) </div> <div style="width: 30%;"> <input type="checkbox"/> All level art <input type="checkbox"/> All level health and PE <input type="checkbox"/> All level music <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> Special education (specify): _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Vocational (specify): _____ <input type="checkbox"/> Nurse <input type="checkbox"/> Visiting teacher <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (specify): _____ </div> </div>																				
Teaching Experience	<p>List teaching experience with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Name of School and Location</th><th style="width: 25%;">Type of Assignment</th><th style="width: 25%;">Dates Taught</th><th style="width: 25%;">Reason for Leaving</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving																
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Other Work Experience	<p>Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if applicable.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">School District / Firm Name</th><th style="width: 25%;">Position / Title</th><th style="width: 25%;">Dates Employed</th><th style="width: 25%;">Reason for Leaving</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	School District / Firm Name	Position / Title	Dates Employed	Reason for Leaving																
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References	Please list below 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	Area Code / Phone Number
Verification	<p>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.</p> <p>I authorize the references listed above 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 any liability for any damage that may result from furnishing same to you.</p> <p>I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants selected for employment.</p> <p>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 to exceed _____ 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.</p>				
	<div style="border-top: 1px solid black; width: 100%;"></div> Signature of Applicant		<div style="border-top: 1px solid black; width: 100%;"></div> Date		

IRA I.S.D.
Addendum to Application
Confidential

The _____ Independent School District is required by state law to obtain criminal history record information on applicants being considered 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 _____
(Print) Last First Middle

Social Security Number _____ Date of Birth _____

Sex: Male _____ Female _____ Ethnicity: Black _____ 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.

Signature

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