

## New Boston Independent School District 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, political belief, or any other legally protected status.

*An Equal Opportunity Employer*

**Personal Data**

Date of Application \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Current Address \_\_\_\_\_  
Street/Box City State Zip Code

Other address where you may be reached \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Name used on records if different from present time \_\_\_\_\_  
 (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 \_\_\_\_\_ 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**

- Type of certificate held now
  - None
  - Valid Texas
  - Valid other state \_\_\_\_\_
  - Emergency (Texas)
  - Texas one-year certificate: Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Texas temporary administrative: Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Areas of specialization
 

<input type="checkbox"/> Administrator	<input type="checkbox"/> All level art	<input type="checkbox"/> Vocational (specify): _____
<input type="checkbox"/> Superintendent	<input type="checkbox"/> All level health and PE	
<input type="checkbox"/> Principal	<input type="checkbox"/> All level music	<input type="checkbox"/> Nurse
<input type="checkbox"/> Midmanagement administrator	<input type="checkbox"/> Librarian	<input type="checkbox"/> Visiting teacher
<input type="checkbox"/> Elementary	<input type="checkbox"/> Counselor	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Elementary and kindergarten	<input type="checkbox"/> Special education (specify): _____	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Secondary (junior and senior high)		

**Teaching Experience**

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

**Other Work Experience**

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 available.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving



**Professional Data**

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

- Publications/articles \_\_\_\_\_  
\_\_\_\_\_
- Seminars/workshops conducted \_\_\_\_\_  
\_\_\_\_\_
- Other related professional activities \_\_\_\_\_  
\_\_\_\_\_

**General Information**

• Do you have a relative who is a member of the New Boston ISD Board of Education?  
 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 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 No.



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.

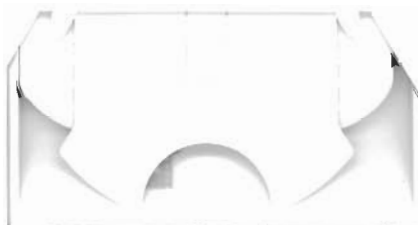
This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return to: **Superintendent of Schools**  
**New Boston Independent School District**  
**600 North McCoy Blvd.**  
**New Boston, Texas 75570-2389**

This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. In case of appointment you will be notified at once.



CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL\*

The New Boston ISD is authorized by Texas Education Code 22.083 to obtain criminal history record information on persons the District intends to employ. 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 Ethnicity: \_\_\_\_\_ Black  
\_\_\_\_\_ Female \_\_\_\_\_ 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

\_\_\_\_\_  
Date

\*This form will be removed from the application and filed separately.

