

Grandview-Hopkins I.S.D.

Bryan Hanna, Superintendent/Principal
 (Office) 806-669-3831 (Fax) 806-669-3044



Marshall Hopkins, Board President
 11676 F.M. 293 / Groom, TX. 79039

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

*An Equal Opportunity Employer **

Date of Application: _____		Social Security #: _____		
Personal Data	Name: Last _____ First _____ Middle Initial _____			
	Current Address: Street/Box _____			
	City _____ State _____ Zip Code _____			
	Other address where you may be reached: _____			
	Home phone #: _____ Cell phone # _____ Other phone #: _____			
Other name that may appear on records: _____ <i>(Used for certification, reference, and criminal history record checks)</i>				
Position Data	List the position(s) for which you are applying: _____			
	Credentials included with application:			
	<input type="checkbox"/> Resume			
	<input type="checkbox"/> All teaching and professional certificates or licenses			
<input type="checkbox"/> All transcripts showing degrees				
Date you can begin work: _____				
Have you been employed by Grandview-Hopkins ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please provide dates of employment: _____				
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>

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Certification/Licensure	Certificates of Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration Date: _____ <input type="checkbox"/> Other: _____			
	Category/Level(s) of Certification: _____			
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____			
	_____ _____			
	_____ _____			
Teaching Experience	List teaching experience beginning with most recent years.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	

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Other Work Experience	Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach resume if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history.			
	Full name of reference	School district/ firm name	Mailing address	Position/title
				Area code/ phone number

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General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Grandview-Hopkins ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide the relative's name and relationship: .</p> <hr/> <p>Have you ever been convicted of, pled guilty or no contest (no contendre) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to: theft, rape, murder, swindling, and indecency with a minor)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense: _____</p> <p>_____</p> <p>_____</p> <p><small>(A felony conviction 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.)</small></p>
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 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 the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature _____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

- Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

The district Title IX Coordinator is Bryan Hanna, Superintendent, 11676 FM 293, Groom, TX 79039

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CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential *

The Grandview-Hopkins Independent School District is required by state law to review the criminal history of applicants, employees, student teachers, and volunteers. The information requested below is necessary to obtain criminal history record information.

Please print

Name: _____
Last First Middle

Date of birth

Sex: Male Female Ethnicity: Black White/Other

I understand that 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 in the office.

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REFERENCE RELEASE FORM

APPLICANT CLEARLY PRINT THE NAME AND ADDRESS OF A PREVIOUS SUPERVISOR. IT MUST BE LEGIBLE FOR MAILING.

REQUEST FOR REFERENCE

I have applied for the position of: _____
 In the Grandview-Hopkins I.S.D. In requesting this reference, I do hereby release those furnishing information from any liability for damage of any nature as a result of furnishing such information and do hereby agree that this reference will not be shared with me

_____ (Print Name)

_____ (Signature of Applicant)

DATE: _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

FOR YOUR CONVENIENCE, WE HAVE ENCLOSED A SELF-ADDRESSED ENVELOPE. PLEASE COMPLETE THE FORM AND RETURN TO GRANDVIEW-HOPKINS ISD (NOT THE APPLICANT).

APPRAISAL OF APPLICANT'S QUALITIES IN REFERENCE TO THE POSITION APPLIED FOR

(This information is confidential and will be held in strict confidence.)

	OUTSTANDING	STRONG	AVERAGE	FAIR	POOR	NO OCCASION TO OBSERVE
TEACHING EFFECTIVENESS						
ATTITUDE TOWARD CHILDREN Recognizes needs						
WORK HABITS						
PERSONALITY Wholesome, Pleasing						
EVIDENCE OF BEING UP TO DATE PROFESSIONALLY						
INTELLECTUAL CAPACITY Alert, Response						
EMOTIONAL STABILITY Self-Control						
SOCIAL QUALITIES Evidence of social maturity						
ADAPTABILITY TO JOB ASSIGNMENT						
PUBLIC RELATIONS						
USE OF ENGLISH IN WRITING, SPEECH, AND CONVERSATION						

1. What is your relationship to this applicant: College Professor Superintendent Principal Other
2. Between what dates have you known the applicant's work? From: _____ to _____
3. What position did the applicant occupy and at what school or organization? _____
4. If applicant were applying to you for this position would you Employ without looking further Consider strongly, but look at additional applicants Not consider for employment.
5. Telephone number where you can be reached for reference: Work _____ Home: _____

SIGNATURE _____ DATE: _____

POSITION: _____

PLEASE FILL FREE TO ADD ADDITIONAL COMMENTS ON THE NEXT PAGE OF THIS FORM.

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Comments:

Please return to: Grandview-Hopkins Independent School District
 11676 FM 293
 Groom, TX 79039
 or
 FAX: 806-669-3044

Please make copies for each reference