

Certification	<p>Certificates or Licenses Currently Held:</p> <p> <input type="checkbox"/> Education Aide I <input type="checkbox"/> Educational Aide II <input type="checkbox"/> Educational Aide III <input type="checkbox"/> Other: _____ </p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p>
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Work Experience	<p>Please list work experience beginning with the most recent year. Attach additional sheets if necessary. Attach resume if available.</p>			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone number		Supervisor's name and phone number	
	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 number		Supervisor's name and phone number	
	Reason for leaving		Reason for leaving	

References	<p>Please list references the district can contact regarding your work history. List any personal reference the district may contact.</p>				
	Full name of reference	School district or name of firm	Mailing address	Position/title	Phone number including area code

General Information	<p>Do you have a relative who is a Tidehaven ISD Board Member? ____ Yes ____ No</p> <p>If yes, give the name of the relative and relationship _____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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)? ____ Yes ____ No</p> <p>If yes, please state where, when and the nature of the offense</p> <p>_____</p> <p>_____</p> <p>(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.)</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 the district is required by Texas Education Code 22.083 to review criminal history record information of applicants.</p> <p>Please note that your application will be kept in an active file for one (1) year from the date on application. If you have not been hired to work in the Tidehaven Independent School District within a year and still desire to be considered for a position, renewal of the application must be made in writing.</p> <p>_____</p> <p>Signature Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>
<p>The district Title IX Coordinator is Dr. Suzanne Wesson, P.O. Box 129, El Maton, TX 77440.</p>	

Return Application to: Superintendent's Office
Tidehaven ISD
P.O. Box 129
El Maton, TX 77440
Phone: 361-588-6321
Fax: 361-588-7109
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