

Tidehaven Independent School District Employment Application for Substitute Teacher

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of any medical conditions, disability, or any other legally protected status.

	Date of application: _____	Date Available: _____																
Personal Data	Name _____ <i>Last First Middle Initial</i>																	
	Current Address _____ <i>Street/Box City State Zip Code</i>																	
	Home phone _____ Cell phone _____																	
	Other name that may appear on records _____																	
	Social Security Number _____ <i>(Providing your Social Security Number allows the district to verify your certification. Disclosure is optional.)</i>																	
Preparation	Check highest level attained:																	
	<input type="checkbox"/> Not High School Graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than 2 years college <input type="checkbox"/> 2 or more years college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree																	
	Other training/Education _____																	
	Schools attended: List all applicable																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name and location</th> <th style="width: 25%;">Course of study</th> <th style="width: 25%;">Diploma, degree or certificate</th> <th style="width: 25%;">Year graduated</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> </tbody> </table>		Name and location	Course of study	Diploma, degree or certificate	Year graduated												
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Assignment Preference	Please list days you are available to substitute and your assignment preferences.																	
	Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Assignment <input type="checkbox"/> Any campus <input type="checkbox"/> Blessing Elementary <input type="checkbox"/> Markham Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> High School																	
	Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws. It is the applicant's responsibility to understand these rules and laws.)</i>																	
Position Data	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 Have you been employed by Tidehaven ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No																	

Certification	Certificates or 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: _____			
Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____				

Teaching Experience	List teaching experience beginning with most recent years. Attach additional sheets if necessary. Attach resume if available.			
	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 number		Principal's name and phone number	
	Reason for leaving		Reason for leaving	

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 number		Supervisor's name and phone number	
	Reason for leaving		Reason for leaving	

References	Please list references the district can contact regarding your work history. List any personal reference the district may contact.				
	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 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 If yes, please state where, when and the nature of the offense _____ _____ _____</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 substitute teachers.</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>_____ 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
 Fax: 361-588-7109

For Office Use Only:
 Transcript TB W4 I9
 Drug Free Schools
 Workers Comp. Rights
 Social Security Card
 Soc. Sec. Verification
 Driver's License
 Student Welfare/Child Abuse
 Substitute Handbook
 Hazardous Communications Act
 Ahera for Short Term Workers
 Criminal History Form/Check