

# Tidehaven Independent School District Employment Application for Paraprofessional Staff

## 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: _____		
<b>Personal Data</b>	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>			
<b>Position Data</b>	List the position(s) for which you are applying _____			
	Type of employment:    ___ Full-time    ___ Part-time    ___ Summer Only			
	Have you been employed by Tidehaven ISD in the past?    ___ Yes    ___ No			
	If you answered yes, provide dates of employment _____			
<b>Credentials</b>	<b>Credentials included with application:</b>			
	___ Resume ___ All transcripts			
<b>Preparation</b>	<b>Check highest level attained:</b>			
	___ Not High School Graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12			
	___ High School Graduate                    ___ GED                    ___ Less than 2 years college			
	___ 2 or more years college                    ___ Bachelor's Degree                    ___ Master's Degree			
	Other training/Education _____			
<b>Schools attended: List all applicable</b>				
	Name and location	Course of study	Diploma, degree or certificate	Year graduated

<b>Certification</b>	<p><b>Certificates or Licenses Currently Held:</b>          ___ Education Aide I      ___ Educational Aide II      ___ Educational Aide III          ___ Other: _____</p> <hr/> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <hr/> <hr/>
----------------------	---

<b>Work Experience</b>	<b>Please list work experience beginning with the most recent year. Attach additional sheets if necessary. Attach resume if available.</b>			
	<b>Employer name and location</b>		<b>Employer name and location</b>	
	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	
	<b>Employer name and location</b>		<b>Employer name and location</b>	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone number		Supervisor's name and phone number	

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

<b>General Information</b>	<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>_____</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>
<b>Verification</b>	<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 <span style="float: right;">Date</span></p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>
<p><b>The district Title IX Coordinator is Dr. Suzanne Wesson, P.O. Box 129, El Maton, TX 77440.</b></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