

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: _____		
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last</i> <i>First</i> <i>Middle Initial</i> </div>			
	Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>Zip Code</i> </div>			
	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>			
Position Data	List the position(s) for which you are applying _____			
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer Only			
	Have you been employed by Tidehaven ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you answered yes, provide dates of employment _____			
Credentials	Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All transcripts			
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			
	Name and location	Course of study	Diploma, degree or certificate	Year graduated

Certification	Certificates or Licenses Currently Held: ____ Education Aide I ____ Educational Aide II ____ Educational Aide III ____ Other: _____				
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____				
Work Experience	Please list work experience beginning with the most recent year. Attach additional sheets if necessary. Attach resume if available.				
	Employer name and location	Position/title held	Dates employed	Supervisor's name and phone number	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</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>
	Verification
<p>The district Title IX Coordinator Debra Taska, 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