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:	cation: Date Available:				
	Name	First Middle Initial				
Personal Data		rrent Address				
		Box			Zip Code	
Persor	Other name that may appear on records					
	Social Security Number (Providing your Social Security Number allows the district to verify your certification. Disclosure is optional.)					
Preparation	Check highest level attained: Not High School Graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate					
	Name and location	Course of study	Diploma, degree or certificate			
Assignment Preference	Day(s) of week Every Mono Assignment Any o Bless Are you receiving Texas To (The amount of time that a	dayTuesdayWedicampus sing ElementaryMarkha eacher Retirement (TRS) be an individual receiving TRS	nesdayThursday m ElementaryIntermed nefits?YesNo benefits may be employed	_Friday iate High without affec	ting benefits is	
Position Data	(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits governed by TRS rules and laws. It is the applicant's responsibility to understand these rules and laws.) Credentials included with application: Resume All teaching and professional certificates or licenses All transcripts showing degrees Have you been employed by Tidehaven ISD in the past? Yes No				,	

on	Certificates or Licenses Currently Held: None Valid Texas Valid Other State				
ati	None Valid Texas Valid Other State Texas One Year (out of state/country): Expiration Date:				
fic	Other:Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):				
Certification	Areas of Specialization/Supplemental	Certificates/Endorsements (as listed on certification):			
	List teaching experience beginning with most recent years. Attach additional sheets if necessary. Attach resume if available.				
Teaching Experience	Name and location of	Name and location of			
	school	school			
	Type of assignment	Type of assignment			
	Dates taught	Dates taught			
act	Principal's name and	Principal's name and			
Te	phone number	phone number			
	Reason for leaving	Reason for leaving			
	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.				
nce					
rie	Employer name and	Employer name and			
Other Work Experience	location Position/title held	location Position/title held			
	Dates employed	Dates employed			
ï	Supervisor's name and	Supervisor's name and			
the	phone number	phone number			
0	Reason for leaving	Reason for leaving			
	Please list references the district	t can contact regarding your work history. List any personal			

Full name of	School district	Mailing address	Position/title	Phone number
reference	or name of firm			including area co

General Information	Do you have a relative who is a Tidehaven ISD Board Member?YesNo If yes, give the name of the relative and relationship Have you ever been convicted of, pled guilty or no contest (nolo 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)? YesNo If yes, please state where, when and the nature of the offense			
e.	(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.)			
Verification	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. 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. I understand the district is required by Texas Education Code 22.083 to review criminal history record information of substitute teachers. 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. Signature Date This application becomes the property of the district. The district reserves the right to accept or reject it.			
	The district Title IX Coordinator is Debra Taska, P.O. Box 129, El Maton, TX 77440.			
	The district True IX Cooldinator is Debta Taska, 1.0. Dox 127, El Maton, 1X //110.			

Return Application to: Superintendent's Office

Tidehaven ISD P.O. Box 129 El Maton, TX 77440 Phone: 979-843-4300

Fax: 979-843-4309

For Office Use Only:

Transcript TB Drug Free Schools Workers Comp. Rights Social Security Card Soc. Sec. Verification Driver's License

Student Welfare/Child Abuse

I9

Substitute Handbook

Hazardous Communications Act Blood Born Pathogens Safety Ahera for Short Term Workers Criminal History Form/Check Statement of Confidentiality Internet Access Agreement

Fingerprinted

W4 and other payroll (4 signatures)

Email	address:		
Lillali	auuress.		