



GRANDFALLS-ROYALTY ISD

PO BOX 10
108 AVE C

432 547-2266
FAX 432 547-2960

GRANDFALLS, TEXAS 79742

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related, or any other legally protected status

DATE OF APPLICATION

SOCIAL SECURITY NO.

NAME:

Last

First

Middle

ADDRESS:

Street/Box

City

TX

State

Zip Code

OTHER PHONES:

Work

Home

Cell

Name used on records if different than present name: N/A

POSITION DATA

Position for which you are applying:

Credentials includes with application:

- Resume
- all teaching and professional certificates [front and back if appropriate]
- All transcripts showing degree

Date Available:

Former Grandfalls-Royalty I.S.D. employee? Yes No

If Yes, give dates of employment:

EDUCATION/TRAINING

Schools Attended: List all applicable information.

NAME OF SCHOOL & LOCATION	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA, DEGREE, OR CERTIFICATE	YEAR GRADUATED

CERTIFICATION

CURRENT CERTIFICATIONS:

- None
- Valid Texas
- Valid other State:
- Emergency [Texas]
- Texas one-year certificate: Expiration Date:
- Texas temporary administrative: Expiration Date:

AREAS OF SPECIALIZATION:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Administrator <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal <input type="checkbox"/> Mid-Management Administrator <input type="checkbox"/> Secondary [Junior and Senior High] <input type="checkbox"/> Elementary <input type="checkbox"/> Kindergarten <input type="checkbox"/> All Level Art <input type="checkbox"/> All Level Health & PE <input type="checkbox"/> All Level Music | <ul style="list-style-type: none"> <input type="checkbox"/> Counselor <input type="checkbox"/> Special Education [Specify below]: <input type="checkbox"/> Vocational [Specify below]: <input type="checkbox"/> Nurse <input type="checkbox"/> Visiting Teacher <input type="checkbox"/> Supervisor <input type="checkbox"/> Librarian <input type="checkbox"/> Others: |
|---|---|

EDUCATION EXPERIENCE

List professional education experience beginning with most recent years Attach sheet if necessary

NAME OF SCHOOL & LOCATION	TYPE OF ASSIGNMENT	DATES TAUGHT	REASON FOR LEAVING
		to	
		to	
		to	

Total Creditable years: [Full time teaching in college, public school, or in an accredited private school is creditable.]

OTHER WORK EXPERIENCE

Please provide a complete listing of all jobs or positions you have held in the last ten [10] years. Attach sheet if necessary

SCHOOL DISTRICT/FIRM NAME	POSITION/TITLE	DATES EMPLOYED	REASON FOR LEAVING
		to	
		to	

PROFESSIONAL DATA

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion

Publications/Articles:

Seminars/ Workshops Conducted:

Other related professional activities:

GENERAL INFORMATION

- Do you have a relative who is a member of the Grandfalls-Royalty I.S.D. Board of Education?
 Yes No If yes, please give the name of the relative and relationship.

- Have you ever been convicted of a felony or offense involving moral turpitude [including, but not limited to theft, attempted theft, rape, murder, swindling, and indecency with a minor] and/or received probation or adjudication? [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.]
 Yes No If yes, please explain.

EMPLOYMENT REFERENCES

FULL NAME OF REFERENCE	POSITION/ TITLE	SCHOOL DISTRICT/ FIRM NAME	MAILING ADDRESS	PHONE NUMBER
			,	- -
			,	- -
			,	- -
			,	- -
			,	- -

POSITION STATEMENT

Please make a statement concerning your reason for desiring a position with Grandfalls-Royalty I.S.D. Attach a page if necessary.

VERIFICATION

I hereby affirm that all information provided in this application is true 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 to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that the District is required by Texas Education Code 21.917 to obtain criminal history record information on applicants for employment.

This application becomes the property of the District. The District reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

SIGNATURE OF APPLICANT

DATE



GRANDFALLS-ROYALTY ISD

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GRANDFALLS, TEXAS 76651

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Per Grandfalls-Royalty ISD Policy DEH [Local], all persons offered employment by Grandfalls-Royalty ISD are required to take a mandatory drug test for illegal, non-prescription drugs. Any person not passing the drug test shall have the offer withdrawn immediately.

The Grandfalls-Royalty ISD is required by state law to obtain criminal record information on all applicants for employment with the district (Texas Education Code Section 21.917). The information below is necessary to obtain criminal history record information.

FULL NAME	LAST	FIRST	MIDDLE
[PRINT]			
SOCIAL SECURITY #			
DRIVERS LICENSE #			
GENDER:	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	
ETHNICITY:	<input type="checkbox"/> WHITE	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information:

SIGNATURE:	
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THIS FORM WILL BE REMOVED FROM THE APPLICATION AND FILED SEPARATELY IN THE PERSONNEL OFFICE.



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**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK,
NOTIFICATION OF MANDATORY DRUG TESTING AND ADVISING OF RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

I, _____, am an applicant for employment with the Grandfalls-Royalty ISD. I have been advised that, as part of the application process the district conducts a criminal history background check and will require a drug test as a condition of employment.

I, _____, do hereby consent to the district use of any information provided during the application process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to offer employment. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

The district has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I will be provided the name, address, and telephone number of the reporting agency as well as the nature and substance of all information and the source.

Signed this _____ day of _____, 20____.

Signature: _____

Print Name: _____