

**ASPERMONT INDEPENDENT SCHOOL DISTRICT  
P.O. BOX 549, 300 7<sup>TH</sup> STREET  
ASPERMONT, TEXAS 79502**

**EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL**

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

**AN EQUAL OPPORTUNITY EMPLOYER**

<b>Date of Application:</b>		<b>Social Security #</b>	
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<b>Name:</b>				
	(Last)	(First)	(Middle)	(Maiden)

<b>Current Address:</b>				
	(Street)	(City)	(State)	(Zip)

<b>Home Phone Number:</b>		<b>Date of Birth:</b>	
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<b>Cell Phone Number:</b>		<b>Driver's License #</b>	
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<b>Position for Which You are applying for:</b>	
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<b>Date Available:</b>	
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**Credentials included with application:**

	Resume
	All Teaching and Professional Certificates
	All Transcripts Showing Degree

<b>Are you a former Aspermont ISD Employee?</b>	YES		NO	
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<b>IF YES, GIVE DATE OF EMPLOYMENT:</b>	
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**School Attended. List all applicable information**

NAME OF SCHOOL AND LOCATION	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated

**Type of Certificate Presently Held:**

- |  |   |
|--|---|
| <input type="checkbox"/> None              | <input type="checkbox"/> Emergency (Texas)              |
| <input type="checkbox"/> Valid Texas       | <input type="checkbox"/> Texas One-Year Certificate     |
| <input type="checkbox"/> Valid Other State | <input type="checkbox"/> Texas Temporary Administrative |

**Areas of Specialization:**

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> All Levels | <input type="checkbox"/> Vocational |
|---|-------------------------------------|-------------------------------------|

(Specify)

- |  |  |
|--|--|
| <input type="checkbox"/> Superintendent          | <input type="checkbox"/> All Level Health/P.E. |
| <input type="checkbox"/> Principal               | <input type="checkbox"/> All Level Music       |
| <input type="checkbox"/> Midmanagement           | <input type="checkbox"/> Librarian             |
| <input type="checkbox"/> Administrator           | <input type="checkbox"/> Counselor             |
| <input type="checkbox"/> Elementary              | <input type="checkbox"/> Special Ed: (Specify) |
| <input type="checkbox"/> Elementary/Kindergarten | _____  |
| <input type="checkbox"/> Secondary               | <input type="checkbox"/> Nurse                 |
| <input type="checkbox"/> Other:                  | _____  |

List teaching experience beginning with most recent years:

Name of School And Location	Assignment	Date Taught	Reason for Leaving

References:

NAME	TELEPHONE NUMBER

Are you related to any Aspermont ISD employee or board member?	YES		NO	
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If so, please provide name of employee or board member.

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**Verification and Criminal History Record Information Request:**

**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 rejections of my application.**

**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 and otherwise, and release all such parties from liability from any damage that may result from furnishing same to you.**

**I understand that Aspermont ISD is required by Texas Education code 21.917 to obtain Criminal History information on all applicants. A computerized criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.**

**This application becomes the property of Aspermont ISD. Aspermont ISD reserves the right to accept or reject it.**

**(This copy must remain on file by Aspermont ISD. Required for future DPS Audits)**

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(Signature of Applicant)

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(Date of Application)