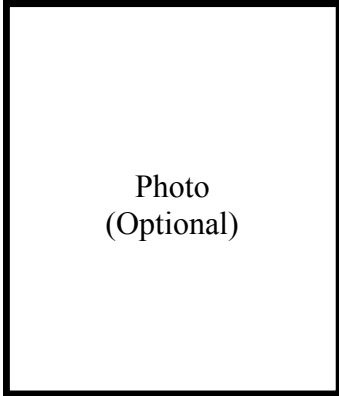


**WILDORADO ISD
PO Box 120
Wildorado, TX 79098**

EMPLOYMENT APPLICATION



806-426-3317 Fax 806-426-3523 www.wildoradoisd.org

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

AN EQUAL OPPORTUNITY EMPLOYER

Date of Application _____ Social Security # _____

Name _____
Last First Middle

Current Address _____
Street/Box Number City State/Zip

Telephone Numbers: Home _____ Work _____

Cell _____ Email Address _____

Name used on records if different from present name _____
(To be used for reference checks)

Position for which you are applying _____

Date Available _____

Do you have a relative who is a member of the Wildorado ISD Board of Education? _____

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, rape, or indecency with a minor)? _____

If yes, please explain _____

Education, Training, Experience:

High School:

School name _____
School address _____
Number of years completed _____
Did you graduate _____
Degree/Diploma earned _____

College/University:

School name _____
School address _____
Number of years completed _____
Did you graduate _____
Degree/diploma earned _____

Specify state-if not Texas _____

Please list any areas of specialization _____

Vocational School:

School name _____
School address _____
Number of years completed _____
Did you graduate _____
Degree/diploma earned _____

Experience:

Beginning with the most recent

Name & Location of school or employer _____

Name of immediate supervisor _____

Contact number _____

Dates employed _____

Assignment duties _____

Experience:

Name & Location of school or employer _____

Name of immediate supervisor _____

Contact number _____

Dates employed _____

Assignment duties _____

Name & Location of school or employer _____

Name of immediate supervisor _____

Contact number _____

Dates employed _____

Assignment duties _____

References:

List at least 3, no more than 5, references who have a good knowledge of your abilities in the position for which you are applying

Name _____ Contact # _____

Position/Association to applicant _____

Name _____ Contact # _____

Position/Association to applicant _____

Name _____ Contact # _____

Position/Association to applicant _____

Character references:

Name _____ Contact # _____

Name _____ Contact # _____

Please use a separate page for more space if needed.

By signing this application I affirm that all information provided in this application and/or resume 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 reference submitted to give you any and all information concerning my previous employment and any such 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 that the district is authorized by the Texas Education Code (sec.22.083) to obtain criminal history record information on applicants the district intends to employ. 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 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

Signature of Applicant

Date