

MALTA I. S. D.
EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <i>Last</i> <i>First</i> <i>Middle initial</i>			
	Current address _____ <i>Street/Box</i> <i>City</i> <i>State</i> <i>ZIP Code</i>			
	Other address where you may be reached _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
Assignment Preference	Please list the days you are available to substitute and your assignment preferences. Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
	Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education			
Preferred campuses _____ _____				
Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</small>				
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees			
	Have you been employed by Malta ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>

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Certification	<p>Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Teaching Experience	List teaching experience beginning with most recent years.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving		

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Other Work Experience

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 résumé if available.

Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	
Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	

References

Please list references the district can contact regarding your work history.

Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

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General Information	<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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____ _____ _____</p> <p><small>(A felony conviction 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.)</small></p>
Verification	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

The district Title IX Coordinator is Mr. Stacy Starrett.

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

The Malta Independent School District is required by state law to review the criminal history of applicants, employees, student teachers, and volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name: _____
Last First Middle

Date of birth _____

Social Security Number: _____

Sex: Male Female Ethnicity: Black White/Other

I understand that 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

Date

* This form will be removed from the application and filed separately in the Superintendent's office.