Leary Independent School District Application for Professional Personnel P.O. Box 519, Hooks, TX 75561 903.838.8960 Fax 903.838.6036 www.learyisd.net					
Date of Application_	//		Social Security No	//	
Name					
Last		First		Middle Initial	
Current Address					
	Street/Box	City	State	Zip Code	
Work Phone No			Home Phone No		
Position Applied For	r				
Degree or Diploma I	Held				

Leary Independent School District is An Equal Opportunity Employer.

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, disability, or any other legally protected status in its employment practices as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975, as amended; and Section 504 of the Rehabilitation Act of 1973, as amended.

For information about your rights or grievance procedures, contact the Title IX Coordinator, at the Leary Independent School, phone 903.838.8960 or fax 903.838.6036.

Please list below some of your qualifications for this position or attach a resume.

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Please attach a copy of your transcript, service record, teaching certificate, letters of recommendation and any other materials that will qualify you for the position for which you have applied.

Professional references (please list below references who may be contacted regarding your work history.

Name	Position	Phone	Address

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling and indecency with a minor)? \_\_\_\_Yes No\_\_\_\_\_ If yes, please state where, when and the nature of the offense:

(Conviction of a felony is not an automatic bar to employment. This 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 above 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 that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature

Date

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.

Return to:

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