



**Attachments**

Credentials included with application:

- ( ) Resume                      ( ) All teaching and professional certificates (front and back if appropriate)

**Certification**

A. Type of certificate held now:

- ( ) None                      ( ) Valid Texas                      ( ) Valid Other State: \_\_\_\_\_  
 ( ) Emergency (Texas)                      ( ) Texas One-Tear Certificate: Expires \_\_\_\_\_  
 ( ) Alternative certification Program

B. Areas of Specialization

- ( ) Administrator                      ( ) Secondary (Junior and Senior High)  
 ( ) Superintendent                      ( ) All Level Art  
 ( ) Principal                      ( ) All Level Health and PE  
 ( ) Mid-Management Administrator                      ( ) All Level Music  
 ( ) Elementary                      ( ) Counselor  
 ( ) Elementary and Kindergarten                      ( ) Visiting Teaching  
 ( ) Nurse                      ( ) Supervisor  
  
 ( ) Special Education (specify): \_\_\_\_\_  
 ( ) Vocational (specify): \_\_\_\_\_

**Teaching/Other Work Experience**

School District, University, or Private School/Firm Name	Location City/State	Grades/Subjects Taught or Position	Dates	Reason for Leaving

Total creditable years: \_\_\_\_\_ (This must be filled in. Only teaching full-time in college, public school, or in an accredited private school is creditable)

**Professional Data**

Professional organizations and offices: \_\_\_\_\_  
\_\_\_\_\_  
Other related professional activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying?     yes     no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
How many days have you lost as a result of personal illness during the last three years? \_\_\_\_\_  
Do you have a relative who is either a member of the Oglesby I.S.D. Board of Education or who is employed in any capacity in the Oglesby I.S.D.?  
 yes                       no

**Employment References**

Please list below references that may be contacted regarding your work history.

School District/ Firm Name	Mailing Address	Area Code/ Phone	Immediate Supervisor	Dates Employed

**Verification**

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I 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 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.

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.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Legal Signature of Applicant)

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 twelve months. If you have not received a response during this time period, you may reapply or reactivate your application.

