

**Blooming Grove
Independent School District**

P.O. Box 258

Blooming Grove, Texas 76626

Application of _____

name

address

present position

Application for a
Position as: _____

Valid Certifications

State

date

signature

It is the policy of Blooming Grove Independent School District not to discriminate on the basis of race, color, national origin, sex, handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, as amended. It is also the policy of Blooming Grove Independent School District not to discriminate on the basis of age.

1. Full name _____ Social Security No. _____

2. Present address _____ Telephone No. _____
_____ Zip Code _____

3. Permanent address _____ Telephone No. _____
_____ Zip Code _____

4. Give full and accurate data regarding your educational development.

	<i>School or Institution - Name</i>	<i>Degree or Diploma</i>	<i>Credits or Hours Received</i>
E D U C A T I O N A L / P R O F E S S I O N A L T R A I N I N G	High School:		
	College or University:		

5. Give full and accurate data regarding your teaching experience.

T E A C H I N G E X P E R I E N C E	<i>Name of School or Institution - Location</i>	<i>Grades of H.S. Subjects</i>	<i>Date</i>	<i>No of Months</i>
	Total Years of Teaching Experience _____			

6. Have you ever had a teaching certificate revoked, suspended, or denied, in this or any other state? **Yes No**
This does not apply to a certificate that is invalid solely because it has expired.

If **Yes**, which state? _____ Attach complete details.

7. Give full and accurate data regarding work experience outside of teaching.

Name of Company – Location	Job	Date of Employment

8. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? **Yes No**

If **Yes**, state the date and place of arrest, nature of charge, date and court in which convicted, and subsequent disposition. _____

_____ Attach a separate sheet, if necessary.

9. Check any of the following which you are able to direct or coach successfully:

- Debates Oratorical Contests Clubs Basketball Track Cheerleaders
 School Plays Orchestra Choir Baseball Tennis Football
 Science or Mathematics Competition Arts and Crafts Playground Activities

10. Add by letter any additional information that will give us a more complete estimate of your training experience, character and ability. Testimonials in your possession may be included.

What Academic or professional honors have you received? _____

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11. A personal interview is required before appointment will be made.

12. When could you begin work here? _____

13. This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. In case of appointment you will be notified. Mail application to Superintendent of Schools.

P R O F E S S I O N A L G R O W T H I N S E R V I C E	Degrees Received <i>(Institution and Date)</i>
	Courses Taken <i>(Institution and Date)</i>
	Research Completed
	Articles Completed <i>(Magazine and Date)</i>
	Memberships Maintained <i>(Professional Organizations)</i>
	Offices Held <i>(Organizations and Dates)</i>
	Travels
	Remarks:

ADDENDUM TO APPLICATION

Confidential

The Blooming Grove Independent School District is required by state law to obtain criminal record information on all applicants for employment with the district (Texas Education Code Section #21.917), The information requested below is necessary to obtain criminal history record information.

Full Name _____

(Print) Last First Middle

Social Security No. _____ Date of Birth _____

Sex: Male _____ Female _____ Ethnicity: Black _____ White/Other _____

I understand 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

APPLICANTS FOR A BUSDRIVING JOB - DRIVER LICENSE NUMBER: _____

EXPIRATION DATE: _____