

# RALLS INDEPENDENT SCHOOL DISTRICT

810 Ave I

Ralls, TX. 79357

Phone: (806)253-2509

Fax: (806)253-2508

## PROFESSIONAL APPLICATION

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

Social Security Number \_\_\_\_\_

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

Name \_\_\_\_\_  
*Last First M.I.*

Present Address \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Permanent Address \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other name that may appear on records \_\_\_\_\_

## POSITION DATA

Mark all that apply. Write additional information where indicated.

\_\_\_\_\_ Elementary Teacher Teaching Field(s)  
\_\_\_\_\_ Pre-Kindergarten 1. \_\_\_\_\_  
\_\_\_\_\_ Kindergarten 2. \_\_\_\_\_  
\_\_\_\_\_ Grades 1-5

\_\_\_\_\_ Secondary Teacher Teaching Field(s)  
\_\_\_\_\_ Grades 6-8 1. \_\_\_\_\_  
\_\_\_\_\_ Grades 9-12 2. \_\_\_\_\_  
\_\_\_\_\_ Coach (Sports) Sport \_\_\_\_\_  
\_\_\_\_\_ Vocational Type(s) \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

## Education / Training

High School: \_\_\_\_\_

Location: \_\_\_\_\_

College/University	Dates		Major/Minor	Semester Hrs.	Degree Rec'd	Date Rec'd
	From	To				

Total Creditable Years: \_\_\_\_\_ (Must meet TEA requirements for salary purposes.  
Responsibility of individual to provide appropriate documentations.)

**List Teaching experience beginning with most recent years.**

Name & Location of school	Type of assignment	Dates taught	Reason for leaving

**Please provide a list of all other jobs or administrative positions you have held in the past. Attach additional sheets if necessary. Attach resume if available.**

School District/ Firm Name	Position / Title	Dates Employed	Reason for leaving

## Certification

Type of certification held currently:

<input type="checkbox"/> None	<input type="checkbox"/> Texas Emergency
<input type="checkbox"/> Valid Texas	<input type="checkbox"/> Texas One-Year Expires: _____
<input type="checkbox"/> Valid other State	<input type="checkbox"/> Texas Temporary Administration Expires: _____

Area of Specialization:

<input type="checkbox"/> Administrator	<input type="checkbox"/> All-Level Art
<input type="checkbox"/> Superintendent	<input type="checkbox"/> All-Level Health and PE
<input type="checkbox"/> Principal	<input type="checkbox"/> All-Level Music
<input type="checkbox"/> Nurse	<input type="checkbox"/> Mid-management Administrator
<input type="checkbox"/> Librarian	<input type="checkbox"/> Visiting Teacher
<input type="checkbox"/> Elementary	<input type="checkbox"/> Counselor
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Elementary and Kindergarten
<input type="checkbox"/> Secondary (Jr./Sr. High)	
<input type="checkbox"/> Vocational (specify) _____	
<input type="checkbox"/> Special Education (specify) _____	
<input type="checkbox"/> Other (specify) _____	

If you have no certification, have you satisfied the following requirements?

EXCET:  Yes Tests passed: \_\_\_\_\_  
 No Tests needed: \_\_\_\_\_  
Date to be taken: \_\_\_\_\_

Course Requirements:  Yes  
 No Course work needed: \_\_\_\_\_

If any of the above are not satisfied, when do you expect to satisfy them?

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If all of the above requirements are satisfied, has a formal application been submitted by the college to TEA?

Yes College \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

No

## Professional Data

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers / articles published: \_\_\_\_\_  
\_\_\_\_\_

Seminars / workshops conducted: \_\_\_\_\_  
\_\_\_\_\_

Other related professional activities: \_\_\_\_\_  
\_\_\_\_\_

Do you have a relative who serves on the Ralls ISD Board of Education? \_\_\_\_\_  
If yes, please give the name of relative and relationship: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor?) \_\_\_\_\_

If yes, please state where, when and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication: \_\_\_\_\_  
\_\_\_\_\_

*(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.)*

## References

Please list references the district can contact regarding your work history. Please include all managers, supervisors who evaluated or supervised your performance at your last two jobs.

Name of Reference	School district / firm name	Address / phone number	Position title



# Criminal History Record Information

## Confidential\*

The Ralls Independent School District is authorized by state law to obtain criminal history record information on applicants being considered for employment (Texas Education Code 22.083). The information requested is necessary to obtain criminal history record information.

Full Name: \_\_\_\_\_  
*Last First Middle*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male\_\_\_ Female \_\_\_ Ethnicity: Black\_\_\_ Hispanic\_\_\_  
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 information will be removed from the application and filed separately in the personnel office.***

## Reference

Applicant's Name \_\_\_\_\_

Position applied for \_\_\_\_\_

We would appreciate your cooperation in reading and signing the statement below. *(Note: The following statement must be signed and returned with your application before it will be placed in our active files.)*

"In order that the officials of the Ralls Independent School District may be fully informed as to my personal character and qualifications for employment, I authorize my references to be contacted and speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments. I hereby authorize the party receiving this form to give full and complete information as may be requested by the Ralls Independent School District. I agree that the information requested will be come a part of my personnel file if I am employed by the District. I further agree that the information will not be disclosed to me, but will be treated as confidential by the District. I waive any right to see this information at any time, either prior to, during, or subsequent to my employment. I hereby authorize the Ralls Independent School District to request from my previous employers any other persons who may have knowledge of me, information relative to my prior employment and to my personal character and qualification for employment and I hereby authorize my previous employers and others to release the same."

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

### **Name and Address of Reference**

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**Ralls Independent School District  
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Ralls, TX. 79357**

