

## STRATFORD ISD APPLICATION FOR SUBSTITUTE TEACHER

*An Equal Opportunity Employer\**

Date of application _____				
<b>Personal Data</b>	Name _____ <small style="display: block; text-align: center; margin: 0 50px;"><i>Last</i></small> <small style="display: block; text-align: center; margin: 0 50px;"><i>First</i></small> <small style="display: block; text-align: center; margin: 0 50px;"><i>Middle initial</i></small>			
	Current address _____ <small style="display: block; text-align: center; margin: 0 50px;"><i>Street/Box</i></small> <small style="display: block; text-align: center; margin: 0 50px;"><i>City</i></small> <small style="display: block; text-align: center; margin: 0 50px;"><i>State</i></small> <small style="display: block; text-align: center; margin: 0 50px;"><i>ZIP Code</i></small>			
	Other address where you may be reached _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small style="font-style: italic;">(Used for certification, reference, and criminal history record checks)</small>			
<b>Assignment Preference</b>	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>			
<b>Position Data</b>	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 Stratford ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
<b>Education/Training</b>	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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<b>Certification</b>	<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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<b>Teaching Experience</b>	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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<b>Other Work Experience</b>	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			
<b>References</b>	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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<b>General Information</b>	<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>_____</p> <p>_____</p> <p>(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.)</p>
<b>Verification</b>	<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>_____</p> <p>Signature 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 Jerry Birdsong, P.O. Box 108 Stratford, TX 79084 806-366-3300.

**CRIMINAL HISTORY INFORMATION REQUEST**

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**Confidential\***

The Stratford Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

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 HR office.