

# PINEYWOODS COMMUNITY ACADEMY

## Employment Application for PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability or any other legally protected status. - AN EQUAL OPPORTUNITY EMPLOYER

Please print all  
information requested  
except signature

Position(s) Applied For:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

PLEASE COMPLETE PAGES 1-4

DATE \_\_\_\_\_

### PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Street or PO Box No. City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security #<sup>(A)</sup> \_\_\_\_\_ Email Address \_\_\_\_\_

### EDUCATION/TRAINING

Name of School	Location	Course of Study and major/minor	Diploma, degree, certificate or license held

### POSITION DATA

Credentials included with application:

- Resume  
 All teaching and professional certificates or licenses  
 Copies of all transcripts showing degrees (an official transcript will be required upon hiring)

Date you can begin work \_\_\_\_\_

Have you ever been employed by P.C.A. in the past?  Yes  No

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If you answered "yes", provide dates of employment \_\_\_\_\_

**CERTIFICATION**

Certification or license currently held:

- None
- Valid Texas
- Valid other state \_\_\_\_\_
- Texas Emergency
- Texas One-Year -Expires \_\_\_\_\_
- Texas Temporary Administrative: Expires \_\_\_\_\_

Level(s) of Certification: \_\_\_\_\_

Areas of Specialization/Endorsements (as listed on certification):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEACHING EXPERIENCE**

List teaching experience, *beginning with the most recent years.*

Name of School	Location	Type of Assignment	Dates Taught	Reason for Leaving

**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 \_\_\_\_\_

**OTHER WORK EXPERIENCE**

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 resume, if available.

School District/Firm Name	Location	Position/Title	Dates Employed	Reason for Leaving

**GENERAL INFORMATION**

Do you have a relative who serves on the Pineywoods Board of Education?  Yes  No

If "Yes", please provide the relative's name and relationship \_\_\_\_\_

Have you ever been convicted of, plead 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 or indecency with a minor)?

Yes  No If "yes", please state where, when and the nature of the offense \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(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. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Phone Number (with area code)

**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 above-listed references 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.

<sup>(A)</sup> I understand that the agency to which I am applying may use my Social Security Number (SSN) for tracking purposes and for identification. This is in accordance with Federal Law U.S.C. 552a Section 7 (b)

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