



Cisco Independent School District  
P.O. Box 1645 – Cisco, Texas 76437

## PROFESSIONAL APPLICATION FOR EMPLOYMENT

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

SS# \_\_\_\_\_  
(Optional)

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

Current Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Other Address Where You May Be Reached: \_\_\_\_\_

Home Phone: # \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### **Position Desired:** (List in order of preference)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you aware of any reason why you would not be able to perform the duties required of the position for which you are making an application? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

### **Education:**

What is your grade point average? Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Name of High School from which you graduated: \_\_\_\_\_

Name of college or university: \_\_\_\_\_

	Major	Minor	Degree	Date	Hours
Undergraduate					
Graduate					

**Certification:**

Type of Certification: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

Field of Certification: \_\_\_\_\_

Are you certified in the field for which you are applying? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Experience:**

Name of Employer	Job Description	From	To
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**References:** (List only references who could vouch for your teaching ability, scholarship, and character.)

Name	Address	Phone #	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Current Employment Status:**

When could you start work? \_\_\_\_\_

Would you be willing to take additional training, if required for certification? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you available for an interview? \_\_\_\_\_ YES \_\_\_\_\_ NO

When could you come for an interview? \_\_\_\_\_

AGREEMENT

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the district which reserves the right to accept or reject this application. I further agree to observe all rules, regulations, ad policies of the district.

Signature of Applicant \_\_\_\_\_

*I hereby authorize the district to conduct work history, personal references, and police record inquiries to determine my acceptability for employment.*

Signature of Applicant \_\_\_\_\_

Date this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Received by Cisco ISD on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

In order to complete the criminal history record, you must provide your date of birth \_\_\_\_\_.  
(MM/DD/YY)

*No action will be taken regarding employment unless this authorization is complete.*