

**TEACHER'S**

APPLICATION OF \_\_\_\_\_

name

\_\_\_\_\_

address

\_\_\_\_\_

present position

FOR \_\_\_\_\_

position as teacher of

\_\_\_\_\_

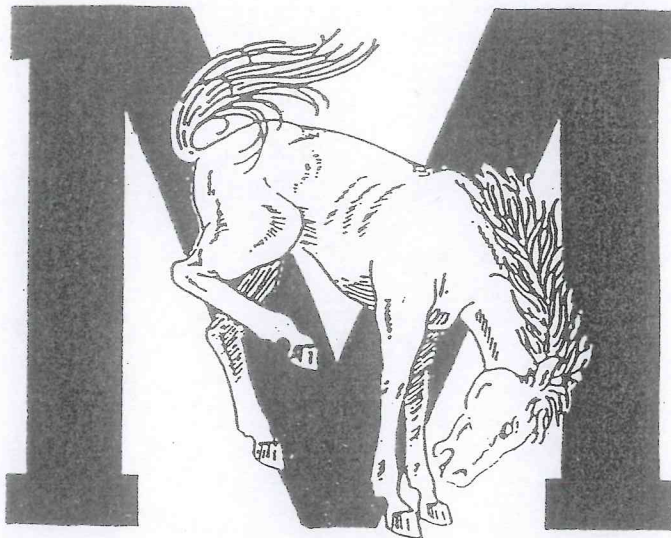
in the (preference is indicated by order in which grades or subjects are listed)

\_\_\_\_\_

date

\_\_\_\_\_

signature



*Meadow Public Schools*

*Meadow ISD*

*Superintendent's Office*

*604 4th Street*

*Meadow, Texas 79345*

*Meadow School assures equal opportunity for all applicants. All policies regarding employment will be administered without regard to race, color, creed, religion, national origin, age, handicap, sex or marital status.*

1. Full Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_

2. Present address \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. Permanent address \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

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

EDUCATIONAL/PROFESSIONAL TRAINING

School or Institution - Name	Course	Degree or Diploma	Credits or Hrs. Received
High School			
College or University			
Graduate Work			
Special			

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

TEACHING EXPERIENCE

Name of School or Institution - Location	Grades or H.S. Subjects	Date	No. of Months

Total Years of Teaching Experience: \_\_\_\_\_

6. What grade levels or subjects are you qualified or certified to teach? \_\_\_\_\_

\_\_\_\_\_

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

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

8. What academic or professional honors have you received? \_\_\_\_\_

\_\_\_\_\_

9. Do you hold a certificate valid in this state? \_\_\_\_\_ What kind? \_\_\_\_\_

10. When could you begin work here? \_\_\_\_\_

11. When possible, a personal interview is required before appointment will be made.

12. 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 At Once. Mail application to Superintendent of Schools.

13. Give at least five references, including especially superintendents and principals under whom you have taught who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

NAME	ADDRESS	OFFICIAL POSITION
1		
2		
3		
4		
5		
6		

*APPLICATIONS FOR A TEACHING POSITION WILL NOT BE CONSIDERED UNTIL WE RECEIVE A COPY OF THE APPLICANT'S COMPLETE COLLEGE TRANSCRIPT AND TEACHING CERTIFICATE. (IF UNABLE TO OBTAIN, LETTERS OF VERIFICATION WILL BE ACCEPTED FROM A COLLEGE OR UNIVERSITY STATING THAT ALL TEACHING REQUIREMENTS HAVE BEEN FULFILLED.)*

**EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)**

As an applicant for a position within the Meadow Independent School District, I have read the guidelines for determining nepotism listed below, and do hereby state that I am in no way related to any member of the Board of Trustees.

**1 EMPLOYEE INFORMATION AND VERIFICATION:** (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month; Day; Year)	Social Security Number		

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_) or Admission Number \_\_\_\_\_ expiration of employment authorization, if any \_\_\_\_\_.

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

**PREPARED BY TRANSILATOR CERTIFICATION:** (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)	City	State	Zip Code
Address (Street Name and Number)				

**2 EMPLOYER REVIEW AND VERIFICATION:** (To be completed and signed by employer.)

Instructions: Examine one document from List A and check the appropriate box. OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A	List B	List C
Documents that Establish Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien, Registration Card with photograph <i>Document Identification</i> _____ <i>#</i> _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ <i>Document Identification</i> _____ <i>#</i> _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____ <i>Document Identification</i> _____ <i>#</i> _____ <i>Expiration Date (if any)</i> _____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

Signature \_\_\_\_\_  
Date \_\_\_\_\_

BLOOD RELATION TO TRUSTEE	1ST DEGREE	2ND DEGREE	3RD DEGREE
	Father Mother Sister Brother Daughter Son	Uncle Aunt Niece Nephew Granddaughter Grandson Grandfather Grandmother First Cousin	Great-uncle Great-aunt Great-niece Great-nephew Great-granddaughter Great-grandson Great-grandfather Great-grandmother Second Cousin

RELATIONSHIP BY MARRIAGE TO TRUSTEE	1ST DEGREE	2ND DEGREE
	Husband Wife Son-in-law Daughter-in-law Brother-in-law Sister-in-law Mother-in-law Father-in-law	Spouse's uncle Spouse's aunt Spouse's nephew Spouse's niece Spouse's grandfather Spouse's grandmother Spouse's first cousin Grandson-in-law Granddaughter-in-law

MEADOW I. S. D. BOARD OF TRUSTEES: