## McLEAN INDEPENDENT SCHOOL DISTRICT\*

Date	Date of application						
	Name						
Personal Data	Last Mailing address	F	rst	Middle initial			
	Mailing address	reet/Box City	State	ZIP Code			
	E-mail address						
	Home phoneOther phone						
	Other name that may appear on records						
Pe	(Used for certification, reference, and criminal history record checks)						
	Are you receiving Teacher Retirement System (TRS) retirement benefits? ☐ Yes ☐ No						
	Are you employed as a part-time employee by a TRS-covered employer? ☐ Yes ☐ No (Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)						
Please list the days you are available to substitute and your assignment preferences.							
ţ	Day(s) of week $\square$ Every $\square$		e and your assignment p	references.			
nen	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday						
gnr	Assignment	=					
Assignment	☐ Elementary ☐ Intermediate ☐ Secondary ☐ Special Education						
1	Preferred campuses:						
	Credentials included with ap	plication:					
Data	☐ Résumé						
	☐ All teaching and professional certificates or licenses						
Position	☐ All transcripts showing degrees Have you been employed by McLean ISD in the past? ☐ Yes ☐ No						
Ъ	If you answered yes, provide dates of employment						
	List the highest level of education attained:						
	Licenses and certificates granted						
ng		<u> </u>	D' 1 1	Year			
aini	Name and location of	Course of study an	d Diploma, degree certificate, or licen	nse graduated			
ΛTr	schools attended	major/minor	granted	(College only)			
Education/Training							
luce							
Ec							

Certification	Certificates or Licenses Currently Held:  None Valid Texas Valid Other State Texas One-Year (out-of-state/country): Expiration date: Other: Category/Level(s) of Certification: Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):				
	List teaching experience beginning with most recent years. Attach additional sheets if necessary.  Name and location  Name and location of				
	of school	school			
Experience	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			
eaching	Name and location of school	Name and location of school			
3 <u>T</u>	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			

	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			
;e	Position/title held	osition/title held		Position/title held			
	Dates employed			Dates emplo	oyed		
periend	Supervisor's name and phone			Supervisor's and phone	s name		
rk Ex	Reason for leaving			Reason for leaving			
Other Work Experience	Employer name and location			Employer na location	ame and		
Ōţ	Position/title held			Position/title	e held		
	Dates employed			Dates emplo	yed		
	Supervisor's name and phone			Supervisor's and phone	s name		
	Reason for leaving			Reason for l	eaving		
	List references the district can contact regarding your work history.						
	Full name of reference	School district/ firm name		Iailing ddress	Positi	on/title	Area code/ phone number
References							
Refer							

rmation	Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)?   Yes  No				
General Information	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.)				
	I hereby affirm that all information provided in this application is true and accurate to the				
Verification	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 sub sequent employment.				
	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.				
	I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.				
	I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.				
	Signature Date				
	This application becomes the property of the district. The district reserves the right to accept or reject it.				

The district Title IX Coordinator is *Oscar Muniz, Superintendent*, (806)779-2301.



<sup>\*</sup>Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.