

Superintendent's Office
(936) 858-7101
(936) 858-2101 fax



Middle School
(936) 858-7140
(936) 858-4579 fax

Elementary School
(936) 858-7170
(936) 858-4382 fax

High School
(936) 858-7110
(936) 858-4387 fax

Alto Independent School District

Route 1 Box 1000
Alto, Texas 75925

Application Form Para Professional Position

Full Name _____ Date _____

Address _____

Phone _____

State position you wish to apply for in order of preference:

1. _____ 2. _____ 3. _____

Do you have any physical or health impairments that would limit your ability to perform the job for which you are applying? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Have you ever had a workers' compensation claim? Yes No

If yes, please explain: _____

How many days of work did you lose last year due to illness? _____

If needed, please explain _____

Educational Training

Schools Attended

Highest Degree Held

Date Completed

Employment Experience

Name of Employer

Position Held

Phone #

Number of Years

Year

References

Name

Address

Position

Phone #

NON DISCRIMINATION POLICY

Alto Independent School District is required by Title IX of the Education Amendments of 1972 and by Section 504 of the Vocational Rehabilitation Act of 1973 not to discriminate on the basis of an individual's race, color, handicap, religion, sex, national origin, or age in the educational program of activities which it operates, or to employment and admission thereto. Therefore, Alto Independent School District will operate each education program in compliance with the requirements and exemptions as provided in these acts.

AFFIRMATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that, if employed, any falsified information may be considered sufficient cause for dismissal. You are authorized to make an investigation of my education and work history.

Signature of Applicant

Date _____ 20 _____