

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

Employment Application for Professional Personnel

IT IS THE POLICY OF THE ALTO INDEPENDENT SCHOOL DISTRICT NOT TO DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE IN ITS VOCATIONAL PROGRAMS, SERVICE, ACTIVITIES, OR IN ITS EMPLOYMENT PRACTICES.

AN EQUAL OPPORTUNITY EMPLOYER

Personal Data:

Name _____
last first middle

Date of Application: _____ Social Security #: _____ - _____ - _____

Address: _____
street/box city state zip

Other address where you may be reached: _____

Work Phone number: _____ Home Phone number: _____

Name used on records if different from present name (to be used for reference checks) _____

Position Data:

Position for which you are applying: _____

Credentials included with application:

- _____ Resume'
- _____ All teaching and professional certificates
- _____ All transcripts showing degrees

Date available: _____

Former ALTO I.S.D. employee? _____yes _____no

If yes, give dates of employment: _____

Education/Training:

Schools Attended: List all applicable information.

Name of School: _____

Address: _____

Course of Study (Major/Minor): _____

Dates Attended: _____

Diploma/Degree/Certificate: _____ Year: _____

Name of School: _____

Address: _____

Course of Study (Major/Minor): _____

Dates Attended: _____

Diploma/Degree/Certificate: _____ Year: _____

Name of School: _____

Address: _____

Course of Study (Major/Minor): _____

Dates Attended: _____

Diploma/Degree/Certificate: _____ Year: _____

Certification:

* Type of certificate held now:

_____ None

_____ Valid Texas

_____ Valid other state _____

_____ Emergency (Texas)

_____ Texas one-year certificate: Expiration date: _____

_____ Texas temporary administrative: Expiration date: _____

* Areas of specialization:

_____ Administrator

_____ Superintendent

_____ Principal

_____ Mid-Management Adm.

_____ Elementary

_____ Elementary & Kindergarten

_____ Secondary (Jr/Sr High)

_____ Supervisor

_____ Vocational (specify) _____

_____ Special Education

_____ All level art

_____ All level health/PE

_____ All level music

_____ Librarian

_____ Counselor

_____ Nurse

_____ Visiting teacher

(specify) _____

_____ Other

(specify) _____

* Have you ever had a non-renewal or been asked to resign? _____ yes _____ no

Teaching experience:

Total creditable years _____ (Full-time teaching in college, public school or in an accredited private school is creditable.)

Name of School _____
Type of Assignment _____ Dates _____
Reason for Leaving _____

Name of School _____
Type of Assignment _____ Dates _____
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Name of School _____
Type of Assignment _____ Dates _____
Reason for Leaving _____

Name of School _____
Type of Assignment _____ Dates _____
Reason for Leaving _____

Other Work Experience:

Please provide a complete listing of all other jobs or administrative positions you have held in the past ten (10) years. Attach additional sheets if necessary. Please attach a resume, if available.

School District/Firm Name: _____
Position/Title: _____ Dates: _____
Reason for Leaving _____

School District/Firm Name: _____
Position/Title: _____ Dates: _____
Reason for Leaving _____
