

ENNIS INDEPENDENT SCHOOL DISTRICT

303 W. Knox, P.O. Box 1420
Ennis, TX 75120
972-872-7000

Substitute Application

Last Name	First Name	Middle
Address	City	Zip Code
Contact Number: _____	Birthdate: _____	
E-MAIL Address: _____		

CONTACT PERSON IN CASE OF EMERGENCY

Name	Relationship	Contact Number	
		YES	NO
Are you a retired member with Texas Retirement System?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please give retirement date:</i> _____		<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the Employees Retirement System?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a relative who is a member of the Ennis I.S.D. School Board?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please give the name of relative and relationship:</i> _____			

EDUCATION

Name of School/Location	Course of Study	Diploma/Degree or Certificate	Year Graduated

WORK EXPERIENCE

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first.

Employer and Location	Position/Title	Dates Employed	Reason for Leaving

SPECIAL SKILLS

List specific skills and/or any machines or equipment you can operate. Include typing speed and number years of experience.

REFERENCES

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference: _____

School District/Firm Name: _____

Mailing Address: _____
Street City, State Zip Code

Contact Number: _____

Email Address: _____

Full Name of Reference: _____

School District/Firm Name: _____

Mailing Address: _____
Street City, State Zip Code

Contact Number: _____

Email Address: _____

Full Name of Reference: _____

School District/Firm Name: _____

Mailing Address: _____
Street City, State Zip Code

Contact Number: _____

Email Address: _____

VERIFICATION

I hereby affirm that all information provided on this application is true and accurate to the 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 SUBSEQUENT EMPLOYMENT.

I understand that the district is required by Texas Education Code 22.083 to obtain criminal history record information on applicants selected for employment.

I authorize the references listed above 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 any liability for any damage that may result from furnishing same to you.

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date