

# CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Superintendent  
Dr. Gail Haterius

Assistant Superintendent of Finance / CFO  
L.O. (Dobie) Williams

Director of Maintenance and Transportation  
Ted Merryman



*"IN PURSUIT OF EXCELLENCE"*

Dear Applicant:

Thank you for your interest in the Clyde Consolidated Independent School District. To be considered for a substitute teaching position in our district an applicant must have:

1. A completed application form filed in the Superintendent's Office.
2. A transcript of the education you have completed.

Attached you will find an application form. All information on the form should be complete and correct. Character references should include persons not related to you, but who have been closely acquainted with you over a period of time.

References may be contacted upon receipt of your application.

Cordially,

Dr. Gail Haterius  
Superintendent  
Clyde CISD

The Clyde CISD is an equal opportunity employer. No applicant shall be denied employment on the basis of age, sex, marital status, handicap, race or national origin.



**CLYDE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

P.O. BOX 479

CLYDE, TX 79510

(325) 893-4222 FAX 893-4024

**Employment Application for Service and Support Personnel**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

**Personal Data**

Date of Application \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Current Address \_\_\_\_\_  
Street/Box City State Zip Code

Date of Birth \_\_\_\_\_ Name and address of nearest relative \_\_\_\_\_

Other address where you may be reached \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**Position Data**

Position for which you are applying \_\_\_\_\_

Date Available \_\_\_\_\_

Former Clyde CISD Employee: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates of employment: \_\_\_\_\_

**Education/Training**

Check highest education level attained.

Not high school graduate (Circle last grade completed.)  
 1 2 3 4 5 6 7 8 9 10 11 12

High school graduate       GED       Less than two years college

Two or more years college       Bachelor's degree

Master's degree       Other training or education \_\_\_\_\_

Licenses/certifications held \_\_\_\_\_

Schools Attended: List all applicable information

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated (College Only)

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

Work Experience

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

Special Skills

List specific skills and/or any machines or equipment you can operate.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

General Information

Do you have a relative who is a member of the Clyde C.I.S.D. Board of Trustees?

yes  no

If yes, please give the name of the relative and the relationship: \_\_\_\_\_

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor)?

yes  no

If yes, please state where, when, and the nature of the offense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Conviction of a felony 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.)

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.

References

Full Name of Reference Position/Title	School District/ Firm Name	Mailing Address, Zip	Area Code/ Phone No.

Verification

I hereby affirm that all information provided in 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 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 damage that may result from furnishing same to you.

I understand that the District is authorized by Texas Education Code §22.083(b) to obtain criminal history record information on applicants selected for employment.

This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for a period of time not to exceed 1 calendar 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