



GRAPELAND INDEPENDENT SCHOOL DISTRICT  
 PO BOX 249  
 GRAPELAND, TEXAS 75844  
 PHONE: 936-687- 4619      FAX: 936-687-4624

**APPLICATION FOR PROFESSIONAL POSITION**

Please read the following few lines carefully.

1. Remember that your completed application is our first impression of you.
2. Answer every question with complete information.
3. Enclose all extraneous papers within the application.
4. If you have a placement file, you may have it sent to us if you desire.
5. For reviewing your application, we need only *copies* of your transcripts.
6. Your application will remain active until January 1. If you wish to be considered for the next school year, write a letter in order to keep your application.
7. For your records and information, retain a copy of your completed application for yourself.
8. Supply a copy of your valid teaching certificate. Both front and back of the certificate should be copied if this is applicable. Be sure your **TCAT** results are on your certificate.
9. Please be sure to include your **handwritten** letter of application (see section IX on the final page of the application.)

Our Review Process

Should your qualifications be suited to our needs, **we will contact you** for an interview. Due to the number of applications we receive, it is impossible to interview every applicant, though a personal interview is required before an appointment is made.

Thank you for your attention to the details and instructions of this application. We sincerely appreciate your interest and wish you the best.

Please type or print all information

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

Present address \_\_\_\_\_  
                                     Street                      City                      State                      Zip

Present Telephone No. \_\_\_\_\_

Work Telephone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

*Providing your social security number allows the district to verify your certification. Disclosure is optional.*

If we cannot reach you at the above phone number, how may we contact you?

\_\_\_\_\_

If you have a relative, by blood or marriage, who works for this district, please list names and positions held:

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony or any other crime involving moral turpitude?  
if yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

A copy of my placement file is being sent to the district.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the date the file was ordered. \_\_\_\_\_

Position(s) for which you are applying:

Elementary – Grade Level Preference(s) \_\_\_\_\_

Secondary – Subject Area(s) \_\_\_\_\_

Are you willing to become a certified bus driver through our training? Yes \_\_\_\_\_ No \_\_\_\_\_

Check any of the following which you are able to direct successfully:

Drill Team \_\_\_\_\_ Oratorical Contest \_\_\_\_\_ Clubs \_\_\_\_\_

Cheerleaders \_\_\_\_\_ Science or Mathematics \_\_\_\_\_ Choir \_\_\_\_\_

School Plays \_\_\_\_\_ Playground Activities \_\_\_\_\_ Debates \_\_\_\_\_

**I. Educational Preparation (be definite as to degrees & semester hours)**

\_\_\_\_\_  
Name of School Location Degree Semester Hours

High school \_\_\_\_\_

Colleges \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

First Major \_\_\_\_\_ Semester Hours \_\_\_\_\_

Second Major \_\_\_\_\_ Semester Hours \_\_\_\_\_

Semester Hours in Education \_\_\_\_\_

Check highest degree received to date: PH.D. \_\_\_\_\_ Masters \_\_\_\_\_ Bachelors \_\_\_\_\_

Do you hold or qualify for a Texas Teacher’s Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please include a copy of your teaching certificate.*

What fields are listed on your certificate? \_\_\_\_\_

If you hold a certificate from another state supply the following information:

State \_\_\_\_\_ Expires \_\_\_\_\_

Certified teaching fields \_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

If no, please explain briefly. \_\_\_\_\_  
\_\_\_\_\_

## II. Professional Growth

1. Within reasonable limits, are you willing to participate in after school inservice programs to improve competency? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Within reasonable limits, are you willing to assist in after-school curriculum evaluation and revision? Yes \_\_\_\_\_ No \_\_\_\_\_
3. List the professional organizations to which you belong and any positions of leadership which you have held in them.  
\_\_\_\_\_  
\_\_\_\_\_
4. What professional conferences or education association meetings have you attended in the last two years? \_\_\_\_\_  
\_\_\_\_\_

## III. Armed Service Record

Branch	Dates	Highest Rank Held
Type of Work		

## IV. Employment other than teaching (List most recent experience first)

Firm or Employer	Dates	Address	Type of work	Reason for leaving

**V. Student Teaching**

Dates	Grade Level	Subjects
Cooperating Classroom Teacher	School	City and State

**VI. Teaching experience (list most recent experience first)**

School District	State	School Year	Exact number months taught	Grade/subject	Reason for Leaving

Total number of years teaching experience \_\_\_\_\_  
(excluding student teaching and substituting)

**VII. Enclose a copy of your certificate(s) and a copy of your transcript(s).**

If not including either of these items, please explain briefly \_\_\_\_\_

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**VIII. References**

If you have had teaching experience, list supervisors, principals, and superintendents who are familiar with your classroom work. You must include references from your present or latest teaching position. If you have no teaching experience, give the names of the college instructors with whom you have taken your major subject. You must include the name of the instructor who supervised your practice teaching course. The judgment of a non-professional person as a reference is usually valuable only from the standpoint of general character.

Name	Address	Position	Phone

**IX. Conclusion**

I understand that for my application to be complete, it must be accompanied by a **handwritten letter of application**. In the Letter, I will give my personal view of education, amplify on the information concerning training, experience, personal qualifications and reasons for seeking employment. This application, if properly completed, will be kept in the active file until January 1. If I have not been appointed by that date and still wish to be considered for appointment, renewal of the application must be made in writing to the Department of Personnel.

I, the undersigned, do give my permission to the school officials of the Grapeland Independent School District to obtain any criminal history record or financial information pertaining to me, the undersigned. The district may obtain such information from any law enforcement agency, including a police department or the Department of Public Safety, or from the Texas Department of Corrections, Better Business Bureau, etc. Information obtained in this manner shall be used only to evaluate applicants for employment.

The above are true and accurate statements. I agree that any purposeful omissions or false statements will constitute grounds for immediate dismissal. I also understand that unless this application is completed in DETAIL it will not be considered. In addition, my signature indicates that I have read, understood and am following instructions contained in the introductory statement.

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Date

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Signature of Applicant

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All selection of personnel will be made without regard to age, race, color, creed, religious, affiliation, sex, handicapping condition or marital status. No qualified handicapped person shall, on the basis of the handicap, be subject to discrimination in employment in this district.

An equal opportunity employer.

The District Title IX Coordinator is K.L. Groholski, Superintendent  
P.O. Box 249, Grapeland, Texas 75844  
Phone Number 936-687-4619.

# RECORDS INQUIRY FORM

## TO THE CUSTODIAN OF THE INFORMATION:

I, \_\_\_\_\_, an applicant for employment with the Grapeland Independent School District, authorize the Grapeland Independent School District to obtain any criminal history and driving record information that relates to me.

I understand that this information may be obtained from any law enforcement agency. I further understand that the Grapeland Independent School District may use this information in evaluating me for employment purposes.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Date of Birth \_\_\_\_\_  
Class \_\_\_\_\_

Drivers License # \_\_\_\_\_  
State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

The following information is also required in order to obtain a fingerprinting fast pass.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_