



**GUTHRIE COMMON SCHOOL DISTRICT**

301 Jaguar Lane  
PO Box 70  
Guthrie, Texas 79236  
(806) 596-4466

**EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL**

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

**AN EQUAL OPPORTUNITY EMPLOYER**

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Current Address: \_\_\_\_\_  
(Street/Box) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position for Which You are applying for: \_\_\_\_\_

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

Credentials included with applications:

- Resume
- All Teaching and Professional Certificates
- All Transcripts Showing Degree

Are you a former Guthrie CSD Employee:  Yes  
 No

IF YES, GIVE DATE OF EMPLOYMENT: \_\_\_\_\_

School Attended. List all applicable information:

NAME OF SCHOOL AND LOCATION	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated

Type of Certificate Presently Held:

- |  |   |
|--|---|
| <input type="checkbox"/> None              | <input type="checkbox"/> Emergency (Texas)              |
| <input type="checkbox"/> Valid Texas       | <input type="checkbox"/> Texas One-Year Certificate     |
| <input type="checkbox"/> Valid Other State | <input type="checkbox"/> Texas Temporary Administrative |

Areas of Specialization:

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> All Levels | <input type="checkbox"/> Vocational |
|---|-------------------------------------|-------------------------------------|

(Specify)

- |  |  |
|--|--|
| <input type="checkbox"/> Superintendent              | <input type="checkbox"/> All Level Health/P.E.       |
| <input type="checkbox"/> Principal                   | <input type="checkbox"/> All Level Music             |
| <input type="checkbox"/> Midmanagement Administrator | <input type="checkbox"/> Librarian                   |
| <input type="checkbox"/> Elementary                  | <input type="checkbox"/> Counselor                   |
| <input type="checkbox"/> Elementary/Kindergarten     | <input type="checkbox"/> Special Ed: (Specify) _____ |
| <input type="checkbox"/> Secondary                   | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Other: _____                |  |

List teaching experience beginning with most recent years:

Name of School And Location	Assignment	Dates Taught	Reason for Leaving

References:

1. \_\_\_\_\_  
(Name) (Telephone Number)
2. \_\_\_\_\_  
(Name) (Telephone Number)
3. \_\_\_\_\_  
(Name) (Telephone Number)

YOU MAY BE ASKED TO TAKE A PHYSICAL, WHICH WILL BE PAID FOR BY GUTHRIE CSD. PLEASE INDICATE BELOW, YOUR APPROVAL OR DISAPPROVAL OF HAVING A PHYSICAL EXAMINATION.

- Yes, I am prepared to take a physical  
 No, I do not wish to take a physical

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 rejections of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page 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 liability from any damage that may result from furnishing same to you.

I understand that Guthrie CSD is required by Texas Education Code 21.917 to obtain Criminal History Record information on applicants selected for employment.

This application becomes the property of Guthrie CSD. Guthrie CSD reserves the right to accept or reject it.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Applicant)