

**Weatherford ISD Community Education
APPLICATION FOR EMPLOYMENT**

To applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will assist us in placing you in the position that best meets your qualifications.

NAME _____ DATE _____

ADDRESS (Include City/State/Zip) _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

POSITION(S) APPLYING FOR _____

SUBJECTS YOU CAN TEACH _____

TEACHING PREFERENCES:

- | | | | | |
|--|---------------------------------------|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Beginning | <input type="checkbox"/> Summer | <input type="checkbox"/> Day | <input type="checkbox"/> Paid |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Fall | <input type="checkbox"/> Night | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Advanced | <input type="checkbox"/> Winter | <input type="checkbox"/> Saturday | |
| <input type="checkbox"/> Senior Adults | | <input type="checkbox"/> Spring | | |

DESCRIBE SPECIFIED TRAINING YOU HAVE RECEIVED WHICH IS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING.

LIST AREAS OF CERTIFICATION AND CERTIFYING AGENCY.

EDUCATIONAL TRAINING					
Name of Institution	Location City/State	From Date Mo/Yr	To Date Mo/Yr	Grade or Year Completed	Semester Hours
High School					
College/Vocational School(s)					

EMPLOYMENT EXPERIENCE
(IMPORTANT: Please list last three positions -- Most recent first)

Inclusive Dates From Mo/Yr	To Mo/Yr	Type of Work	Location City/State	Salary	Employer Name & Address

PERSONAL REFERENCES
(Not former employers or relatives)

Full Name of Reference	Address	Telephone Number

Community Education instructor positions are considered part-time employees of Weatherford ISD and fall under the same guidelines as other part-time district employees.

ANY ADDITIONAL COMMENTS:

Signature of Applicant

Please submit to:
WISD COMMUNITY SERVICES
602 W. WATER ST.
WEATHERFORD TX 76086
 or
FAX TO 817-598-2807

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

The WEATHERFORD Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date

(Footnotes)

*This form will be removed from the application and filed separately in the HR office.