

GROESBECK INDEPENDENT SCHOOL DISTRICT

P.O. BOX 559, GROESBECK, TEXAS, 76642-0559

Phone Number: 254-729-4100

FAX Number: 254-729-5167

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

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

Personnel Data	<p>Date of application: _____ Social Security Number: _____</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; font-size: small;"> <i>Last</i> <i>First</i> <i>Middle Initial</i> </div> </p> <p>Current Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; font-size: small;"> <i>Street/Box</i> </div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%; font-size: small;"> <i>City</i> <i>State</i> <i>ZIP Code</i> </div> </p> <p>Other Address where you may be reached: _____</p> <p>Work Phone: _____ Home Phone _____</p> <p>Other name that may appear on records: _____ _____ <i>(Used only for reference checks)</i></p>																				
Position Data	<p>List the position(s) you are applying for: <u>Student Observer</u></p> <p>Type of Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p>Date you can begin work: _____</p> <p>Have you been employed by Groesbeck ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, provide dates of employment: _____</p>																				
Education/Training	<p>Check the highest level of education attained:</p> <p><input type="checkbox"/> Not a high school graduate (Circle Last Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12</p> <p><input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than two years of college</p> <p><input type="checkbox"/> Two or more years of college <input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree <input type="checkbox"/> Other training or education _____</p> <p>Licenses and certificates held _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Name and Location of Schools Attended</th> <th style="width: 25%;">Course of Study and Major/Minor</th> <th style="width: 30%;">Diploma, Degree, Certificate, or License Held</th> <th style="width: 10%;">Year Graduated (College Only)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Held	Year Graduated (College Only)																
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