



Muleshoe Independent School District

514 West Avenue G
Muleshoe, TX 79347
Telephone 806-272-7404
Fax 806-272-4120

www.muleshoeisd.net

e-mail:

pthomason@muleshoeisd.net

Para-Professional Application

Muleshoe ISD considers applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

An Equal Opportunity Employer

Note: Click inside each gray box to type your information.

Personal Data

Legal Name: First _____ Middle _____ Last _____ Today's Date _____

Address (Street, city, State and Zip Code) _____ Area Code and Telephone No. _____

Cell Phone or Other Telephone Number with Area Code: _____

Social Security Number: _____

E-Mail Address: _____

Position Applying For and Education/Training

Position(s) Applying for: _____ Secretary _____ Teacher Assistant

Certificate or License Currently Held:

- High School Graduate
 GED
 Less than two years college
 Two or more years college
 Degree _____ Master's _____ Bachelor's
 Other training or education _____

Licenses/Certification(s) held: _____

Schools Attended

Name of School	Dates of Attendance	Course of Study	Diploma/Degree/Certificate	Year Earned

Explanatory Notes

This application should be complete and accurate in every detail. Mail, return, or submit the completed application to the Superintendent's Office.

Muleshoe ISD practices site-based decision making. Principals review applicant files and make recommendations for campus level interviews. If you are selected for a campus interview by a building principal, you will be contacted. It is not necessary for you to contact principals or the superintendent.

Applications are active for 2 complete school years. If you change your name, address, or telephone number or if you wish to withdraw your application, please call the Superintendent's office at 806-272-7404.

Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and that any misrepresentation, falsification or omission here, shall be sufficient reason for dismissal from, or refusal of, employment. I further authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments. I authorize Muleshoe ISD to secure criminal records from any governmental units and I hereby authorize said governmental units to release the same.

Signature of Applicant

Date

Muleshoe Independent School District

514 W Ave. G

Muleshoe, TX 79347

806-272-7404 (phone) 806-272-4120 (fax)

www.muleshoeisd.net

Confidential Addendum to Application

The Muleshoe Independent School District is required by state law to obtain criminal history record information on all applicants for employment with the district (Texas Education Code Section 21.917). The information below is necessary to obtain criminal history record information.

Full Name

Last

First

Middle

Social Security Number

Date of Birth

Sex

I understand 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 of applicant

Date

I hereby agree that electronic submission of this form constitutes legal permission for the district to conduct a background search in order to obtain a record of any criminal history.