

ADMINISTRATIVE PROFESSIONAL APPLICATION

Pasadena
Independent
School District
*An Equal
Opportunity Employer*



*Includes Principals, Executive Directors,
Other Professional Certified Positions*

Applications for positions in the Pasadena Independent School District shall be in writing and on the forms provided by the Department of Human Resources.

References for all duly qualified applicants are thoroughly investigated. Vacancies are filled by selection of the best qualified applicants available.

When vacancies occur and after the deadline for submission of documents, each applicant's credentials, application and letter of interest will be carefully reviewed. Qualified finalists will be contacted and directed to the appropriate administrator(s) for formal interviews.

All hiring will be in compliance with the Immigration Act of 1990, in order to fulfill the legal requirements regarding employment authorization and identity.

Applicant must complete application and attach the following:

1. Resume
2. Letter of Interest for each advertised position you are applying for.
3. Copy of college transcript (Upon employment an official transcript is required)
4. Copy of Educators certificate (if applicable)
5. Copy of previous evaluations (if available)

**Direct your application to:
Pasadena Independent School District
Department of Human Resources
1515 Cherrybrook
Pasadena, Texas 77502-4048
713-740-0109 1-800-356-6050**

**Regular Office Hours: Monday through Friday, 8 a.m. to 4:30 p.m.
Closed Fridays in June and July**

**Opportunities for employment are posted
on the Human Resources Website and updated every Friday.**

www.pasadenaisd.org



ADMINISTRATIVE/PROFESSIONAL APPLICATION

Pasadena Independent School District
1515 Cherrybrook, Pasadena, Texas 77502 -4048 • 713-740-0109 • Toll Free: 1-800-356-6050

An Equal Opportunity Employer

Thank you for your interest in employment at Pasadena Independent School District. The detailed information sought here will be carefully evaluated when considering a candidate. The completeness of this application is absolutely essential.

Each administrative applicant's credentials, application and letter of interest will be carefully reviewed. Finalists will be contacted and directed to the appropriate administrator(s) for formal interviews.

Applications remain in the active file through October 31.

INTRODUCTION

NAME: Last		First		Middle Given Name	
HOME PHONE		OTHER PHONE		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS Number and Street		City and State		Zip	Country
PRESENT ADDRESS Number and Street		City and State		Zip	Country
WHO REFERRED YOU TO OUR OFFICE?	HOW DID YOU LEARN OF OUR JOB OPPORTUNITIES?				
	<input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee <input type="checkbox"/> Job Fair <input type="checkbox"/> Magazine <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other _____				
AVAILABLE FOR: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Only		HAVE YOU EVER BEEN EMPLOYED WITH PASADENA INDEPENDENT SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Under what name? _____			
ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY MEMBER OF THE PASADENA ISD BOARD OF TRUSTEES? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES, LIST NAMES, DEPARTMENT, AND RELATIONSHIP: _____					

EDUCATION AND TRAINING

EDUCATION:
High School: _____ Location: _____ Diploma _____ GED _____ Highest High School Level _____
List all colleges attended and all degree(s) you have received and/or will receive this year. Please attach or send all official transcripts.

	NAME OF INSTITUTION (Include City and State)	DATES		MAJOR	MINOR	DEGREE CONFERRED	YEAR CONFIRMED
		FROM Month/Year	TO Month/Year				
COLLEGES OR UNIVERSITIES							
BUSINESS OR VOCATIONAL SCHOOLS							
COMPUTER TRAINING							

LIST EXACT TITLE OF POSITION(S) FOR WHICH YOU WISH TO APPLY:	JOB CODE # AS ADVERTISED	DATE AVAILABLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL	WHAT LANGUAGES DO YOU						
	Speak?		Read?			Write?	
	HAVE YOU EVER TAUGHT UNDER A SBEC TEMPORARY, EMERGENCY OR HARDSHIP PERMIT?						
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Subject Areas: _____		School year(s): _____ School district(s): _____		
	HAVE YOU EVER BEEN DISMISSED OR HAD YOUR CONTRACT TERMINATED OR NONRENEWED? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "yes," please explain on an attachment.						
LICENSE	HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR GIVEN THE OPTION TO RESIGN IN LIEU OF TERMINATION FROM THE EMPLOYMENT OF ANOTHER SCHOOL DISTRICT OR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the name of the school district or employer, the date and the reason for the termination or resignation: _____ _____						
	WHY DO YOU DESIRE TO LEAVE YOUR PRESENT POSITION/ JOB, OR WHY DID YOU LEAVE YOUR LAST POSITION/ JOB? _____ _____						
	IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:						
	Type License/Certification	Level	Field	Date Issued	Expiration Date	License No.	Issuing Authority/State
	Type License/Certification	Level	Field	Date Issued	Expiration Date	License No.	Issuing Authority/State
Type License/Certification	Level	Field	Date Issued	Expiration Date	License No.	Issuing Authority/State	
EMPLOYMENT EXPERIENCE	LIST CHRONOLOGICALLY EMPLOYMENT HISTORY						
	DO WE HAVE PERMISSION TO CONTACT EMPLOYERS LISTED? <input type="checkbox"/> Yes <input type="checkbox"/> No						DATE
	DO WE HAVE PERMISSION TO CONTACT PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE INITIAL _____						
	MOST RECENT EMPLOYER <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			IF PART-TIME, LIST AVERAGE NUMBER OF HOURS PER WEEK:			
	NAME OF EMPLOYER/DEPARTMENT				SUPERVISOR/TITLE		
	STREET ADDRESS			CITY/STATE/ZIP			PHONE NUMBER
	JOB TITLE				START DATE (Mo/Yr)		ENDING (Mo/Yr)
	EXACT NUMBER OF MONTHS EMPLOYED:		GRADES/TAUGHT:		SUBJECT:		
	DID YOU SUPERVISE OTHER EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY EMPLOYEES?		REASON FOR LEAVING		
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			IF PART-TIME, LIST AVERAGE NUMBER OF HOURS PER WEEK:			
	NAME OF EMPLOYER/DEPARTMENT				SUPERVISOR/TITLE		
	STREET ADDRESS			CITY/STATE/ZIP			PHONE NUMBER
	JOB TITLE				START DATE (Mo/Yr)		ENDING (Mo/Yr)
	EXACT NUMBER OF MONTHS EMPLOYED:		GRADES/TAUGHT:		SUBJECT:		
	DID YOU SUPERVISE OTHER EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, HOW MANY EMPLOYEES?		REASON FOR LEAVING		

EMPLOYMENT EXPERIENCE, continued

Full-Time Part-Time IF PART-TIME, LIST AVERAGE NUMBER OF HOURS PER WEEK:

NAME OF EMPLOYER/DEPARTMENT		SUPERVISOR/TITLE	
STREET ADDRESS		CITY/STATE/ZIP	PHONE NUMBER
JOB TITLE		START DATE (Mo/Yr)	ENDING (Mo/Yr)
EXACT NUMBER OF MONTHS EMPLOYED:	GRADES/TAUGHT:	SUBJECT:	
DID YOU SUPERVISE OTHER EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MANY EMPLOYEES?	REASON FOR LEAVING	

Full-Time Part-Time IF PART-TIME, LIST AVERAGE NUMBER OF HOURS PER WEEK:

NAME OF EMPLOYER/DEPARTMENT		SUPERVISOR/TITLE	
STREET ADDRESS		CITY/STATE/ZIP	PHONE NUMBER
JOB TITLE		START DATE (Mo/Yr)	ENDING (Mo/Yr)
EXACT NUMBER OF MONTHS EMPLOYED:	GRADES/TAUGHT:	SUBJECT:	
DID YOU SUPERVISE OTHER EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MANY EMPLOYEES?	REASON FOR LEAVING	

Full-Time Part-Time IF PART-TIME, LIST AVERAGE NUMBER OF HOURS PER WEEK:

NAME OF EMPLOYER/DEPARTMENT		SUPERVISOR/TITLE	
STREET ADDRESS		CITY/STATE/ZIP	PHONE NUMBER
JOB TITLE		START DATE (Mo/Yr)	ENDING (Mo/Yr)
EXACT NUMBER OF MONTHS EMPLOYED:	GRADES/TAUGHT:	SUBJECT:	
DID YOU SUPERVISE OTHER EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MANY EMPLOYEES?	REASON FOR LEAVING	

Full-Time Part-Time IF PART-TIME, LIST AVERAGE NUMBER OF HOURS PER WEEK:

NAME OF EMPLOYER/DEPARTMENT		SUPERVISOR/TITLE	
STREET ADDRESS		CITY/STATE/ZIP	PHONE NUMBER
JOB TITLE		START DATE (Mo/Yr)	ENDING (Mo/Yr)
EXACT NUMBER OF MONTHS EMPLOYED:	GRADES/TAUGHT:	SUBJECT:	
DID YOU SUPERVISE OTHER EMPLOYEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MANY EMPLOYEES?	REASON FOR LEAVING	

DATES	POSITION	LOCATION	REASON FOR LEAVING

LIST SPECIFIC SKILLS BENEFICIAL TO THE POSITION YOU ARE APPLYING FOR (language skills/computer skills):

STATE OF TEXAS SERVICE

HAVE YOU EVER WORKED FOR ANY AGENCY OF THE STATE OF TEXAS? Yes No
 IF YES, IS THIS A DIRECT TRANSFER WITHOUT BREAK IN SERVICE? Yes No

PLEASE NOTE: WRITTEN VERIFICATION CONCERNING EMPLOYMENT DATES AT OTHER AGENCIES OF THE STATE OF TEXAS WILL DETERMINE CREDIT FOR VACATION, LONGEVITY AND RETIREMENT BENEFITS.

List any break(s) in service and state reason(s):

Years	Reason

REFERENCES

Give full name and **complete address of each reference**. In naming references, if you have had public education experience, give supervisors, principals, and all superintendents who are familiar with your work. You **MUST** include references from your present or latest position. If you have had no public education experience, give the names of persons who have supervised your work. The judgment of a nonprofessional person in reference is usually valuable only from the standpoint of general character. We will need a copy of all transcripts. Please send them yourself or request that they be sent from your college or university registrar.

Name	Address / City / State / Zip	Phone	Occupation

I authorize the references listed in this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. (INITIAL) _____

CRIMINAL HISTORY All Texas school districts are authorized to obtain any criminal history information relating to an applicant for employment, by Education Code Section 22.083. Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you been convicted of any criminal offense other than a traffic violation? yes no
If yes, please explain : _____

Have you ever been convicted of any crime or offense, other than a minor traffic offense, and received probation? yes no
If yes, please explain : _____

Has any court ever received a plea of guilty or a plea of nolo contendere from you for any offense, other than a minor traffic offense, deferred further proceedings without entering a finding of guilty or placing you on probation? yes no
If yes, please explain : _____

Have you ever been involuntarily terminated or given the option to resign in lieu of termination from the employment of another **school district or employer**? yes no

If yes, please give the name of the **school district or employer**, the date and the reason for the termination or resignation: _____

Why do you desire to leave your present position/job, or why did you leave your last position/job? _____

The Pasadena Independent School District is a tobacco, alcohol, and drug-free workplace.

ALL APPLICANTS: PLEASE READ THE FOLLOWING INFORMATION AND SIGN.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or omission will be sufficient cause for cancellation of my application or dismissal from subsequent employment.

I authorize the references listed in this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

The Pasadena Independent School District – in compliance with Title VII, American Disability Act, Age Discrimination In Employment Act, Section 504 of the Rehabilitation Act of 1973 and other statutes – seeks to provide equal opportunity without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status. This policy extends to employment and all programs and activities conducted by the district. For further information, contact Kirk Lewis, Office of the Superintendent, Pasadena Independent School District, 1515 Cherrybrook, Pasadena, Texas 77502-4048 (713-740-0244).

Faxed documents and Email documents
WILL NOT be accepted.

THIS APPLICATION IS CONSIDERED INCOMPLETE WITHOUT SIGNATURE

Date

Signature of Applicant

Direct to:

HUMAN RESOURCES
1515 Cherrybrook
Pasadena, Texas 77502-4048

713-740-0109
1-800-356-6050