

Cooper Independent School District

Application for Employment

P.O. Box 478 Cooper, Texas 75432 (903) 395-2111 FAX (903)395-2117

Web Site – www.cooperisd.net

We Consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

Position(s) Applied For	Date of Application
How did you learn about us? ____Advertisement ____Friend ____Walk-In ____Employment Agency ____Relative ____Other_____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony or misdemeanor involving moral turpitude or pled guilty or received deferred adjudication for such a crime. **If yes, please explain on back of this page.** Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates: From	To	Work Performed
Address		Hourly Rate/Salary		
		Starting _____ Final _____		
Telephone Number(s)				
Job Title	Supervisor			

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		Starting _____ Final _____		
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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.</i>

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> FAX	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System		
<input type="checkbox"/> Typewriter			
<input type="checkbox"/> Word Processing			

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

REFERENCES

1. Name	Address	Phone ()
2. Name	Address	Phone ()
3. Name	Address	Phone ()

