

**SEASHORE LEARNING CENTER CHARTER SCHOOL**  
**14493 S.P.I.D., Suite A, PMB 307**  
**Corpus Christi, TX 78418**

**Phone (361) 949-1222**  
**Fax (361) 949-6762**

**EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status. Seashore is an equal opportunity employer.

**PERSONAL DATA:** (Please type or print.) Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Position for which you are applying _____	Date available _____
Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates (front and back, if appropriate) <input type="checkbox"/> All transcripts showing degrees.	

Do you hold a valid teaching certificate?    ___ yes    ___ no
What state(s)? _____ What subject areas? _____
If you hold a valid teaching certificate, are you available for a full-time teaching position?    ___ yes    ___ no

Name of School(s) Attended And Location	Course of Study Major/Minor Fields	Diploma, Degree, Or Certificate	Year Graduated (College Only)

<b>Type of certificate held now.</b>		
___ None		
___ Valid Texas		
___ Valid other state _____		
___ Emergency (Texas)		
___ Texas one-year certificate: Expiration date _____		
___ Texas temporary administrative: Expiration date _____		
<b>Areas of specialization</b>		
___ Administrator	___ All level art	___ Vocational (specify): _____
___ Superintendent	___ All level health and PE	___ Nurse
___ Principal	___ All level music	___ Visiting teacher
___ Mid-management Administrator	___ Librarian	___ Supervisor
___ Elementary	___ Counselor	___ Other (specify): _____
___ Elementary and kindergarten	___ Special education (specify): _____	
___ Secondary (junior and senior high)	_____	_____

List teaching experience beginning with most recent years. Total creditable years \_\_\_\_\_ (Full-time teaching in college, public school, or in an accredited private school is creditable.)

Name of School And Location	Type of Assignment	Dates Taught	Reason for Leaving

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

Omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

- Publications/articles \_\_\_\_\_  
\_\_\_\_\_
- Seminars/workshops conducted \_\_\_\_\_  
\_\_\_\_\_
- Other related professional activities \_\_\_\_\_  
\_\_\_\_\_

Do you have a relative who is a member of the Seashore Learning Center Educational Advisory Board or on the Board of Island Foundation, Inc.? Yes  No

If yes, please give the name of the relative and relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? Yes  No

If yes, please state where, when, and the nature of the offense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, and relationship between the offense and the position for which you are applying.)

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area Code/ Phone No.

Please make a statement in your own handwriting concerning your reasons for desiring a position with Seashore Learning Center. (Please use additional sheets of paper if necessary.)

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

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

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed one year. any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date