

**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**

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

Please provide a complete listing of all other jobs or 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

<p><b>Do you have a relative who is a member of the Board of Island Foundation, Inc.?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, please give the name of the relative and relationship:</b></p> <p>_____</p> <p>_____</p> <p><b>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)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, please state where, when, and the nature of the offense:</b></p> <p>_____</p> <p>_____</p> <p><b>(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.)</b></p>
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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.**

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**