



Human Resources Division

3600 K Ave
Plano, TX 75074
Phone: 972.836.6322
Email: hr@goodtreeacademy.org

Application for Employment

Updated: 2018
Article No. 1310

DATE _____

POSITION(S) DESIRED _____

NAME _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

PERMANENT ADDRESS _____

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

E-MAIL ADDRESS _____

LIST, IN ORDER OF PREFERENCE, GRADES, SUBJECTS AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:

1. _____ 2. _____ 3. _____

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID TEXAS AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN A TEXAS CERTIFICATE IN ORDER TO TEACH IN TEXAS SCHOOLS.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED

WHEN CAN YOU BEGIN SHOULD YOU BECOME EMPLOYED BY GOOD TREE ACADEMY? _____

REFERRED TO GOOD TREE BY: _____

SALARY RATE/PAY EXPECTED : \$ _____

IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST? YES NO
LONG-TERM YES NO SHORT-TERM YES NO

EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address			Your Title
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:					
Dates		Name of Employer and Address			Your Title
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:					
Dates		Name of Employer and Address			Your Title
From					
To					
		(Area Code) Telephone:			
Work Performed:			Reason for Leaving:		
Name & Title of Supervisor:					

If you have **NOT** been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING EXPERIENCE

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1.
		2.
		1.
		2.

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the principal and/or department head/chair of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

Other Information

Please describe your personal strengths and how these will benefit your work, should you be employed at Good Tree.

Please submit a copy of your resume with cover along with this application to our Human Resources office at:

Good Tree Academy
RE: Human Resources
3600 K Ave
Plano, TX 75074

OR
HR@goodtreeacademy.org

OR
Fax to:972-502-9461

PLEASE READ CAREFULLY AND SIGN: I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application or in the interview process will be sufficient grounds for refusal to hire me or termination without notice should I be employed. I hereby give Good Tree Academy the right to investigate all references (unless otherwise stated herein), education, previous employment. I further release the school from any liability from the disclosure of the information contained herein.

Application's Signature:

Date: