

APPLICATION FORM

SAN ISIDRO INDEPENDENT SCHOOL DISTRICT
P.O. Box 10
San Isidro, Texas 78588

1. Application is hereby made for _____ at San Isidro Independent School District. Application is for the summer/school year or both? _____
2. Name in full _____ Social Security # _____
3. Permanent address _____ Driver's License # _____
4. Home telephone number _____ 5. Date of Birth _____
6. Do you have a physical condition that would affect performance in your job?

7. Did you graduate from high school? _____ Elementary grade completed _____
College hours _____
(Please attach copy of high school diploma or G.E.D. certificate to this application.)
8. State any training qualifying you for this position _____
9. Compensation you would accept for your services rendered \$ _____
10. Are you related to any of the board members? _____
If yes to what degree? _____

References: List two persons and their addresses not related to you.

Name

Address

Name

Address

Date

Signature

“AN EQUAL OPPORTUNITY EMPLOYER”

It is the policy of San Isidro I.S.D. not to discriminate on the basis of sex, handicap, race, color, and national origin in its educational and vocational programs, activities, or employment as required by Title IX. Section 504 and Title VI.