

# ROPES INDEPENDENT SCHOOL DISTRICT

304 Ranch  
Ropesville, Texas 79358

Telephone (806) 562-4031  
Fax (806) 562-4059

## Application for Position of Custodial/Maintenance

Date \_\_\_\_\_

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First Name	Middle Name	Last Name
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Permanent Address \_\_\_\_\_  
St. or Box No. City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Temporary Address \_\_\_\_\_  
St. or Box No. City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you related to any member of the Ropes School Board? \_\_\_\_\_ Who: \_\_\_\_\_

Are you a TRS Retiree? \_\_\_\_\_

## Educational and Professional Training

Name College Attended	When	Date of Graduation	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certified in Texas to teach the following subjects and/or grades:

\_\_\_\_\_

Major and other areas of specialization in college work:

Major \_\_\_\_\_ Hrs. \_\_\_\_\_ Other Areas \_\_\_\_\_ Hrs. \_\_\_\_\_

Special Training that you have had: \_\_\_\_\_

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

**Teaching Experience** (If no paid teaching experience, list practice teaching)

Teaching Assignments	Name of School and Location	Date	No. of Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of year's experience \_\_\_\_\_

Are you willing to visit Ropesville for a personal interview Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of or have you pleaded guilty or no contest (nolo contrende) to a felony offense or any offense involving moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated, non-renewed or resigned in lieu of non-renewal or termination from a school district? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_  
\_\_\_\_\_

**References:** (include present supervisor)

Name	Address	Phone Number	Position
_____	_____	( ) _____	_____
_____	_____	( ) _____	_____
_____	_____	( ) _____	_____
_____	_____	( ) _____	_____
_____	_____	( ) _____	_____