



INDEPENDENT SCHOOL DISTRICT

2100 North Fulton Street * Wharton, Texas 77488

(979) 532-3612 * Fax: (979) 532-6228

Website: www.wharton.isd.tenet.edu

APPLICATION FOR PROFESSIONAL POSITIONS

We consider applicants for all positions without regard to race, color, national origin, religion, sex, martial or veteran status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

PERSONAL INFORMATION

_____	_____	_____	_____	_____
Last Name	First	Middle	Social Security No.	Date Available
_____		_____	_____	_____
Present Address (Street/P. O. Box)		City	State	Zip Code
_____		_____	_____	_____
Permanent Address (Street/P. O. Box)		City	State	Zip Code
_____		_____	_____	_____
E-mail address _____				

What other name, if any, have you worked under or been known by? _____

Can you, after an offer of employment, submit verification of your legal right to work in the U.S.? Yes No

DOCUMENTS REQUIRED FOR COMPLETE APPLICATION FILE

1. A completed application.
2. Personal interview with Personnel Director.
3. Transcripts from all colleges attended (copies acceptable).
Official transcripts required upon employment.
4. Copy of valid Texas or Out of State Teacher Certificate or statement from University Certification Office
5. Copy of Service Record.
6. Written Statement (see enclosure).

Positions for which you are applying:

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> CATE Teacher | <input type="checkbox"/> Special Ed Teacher | <input type="checkbox"/> Principal/Asst. Principal |
| <input type="checkbox"/> Diagnostician | <input type="checkbox"/> Counselor | <input type="checkbox"/> Administrator | <input type="checkbox"/> Other _____ |

Elementary (Grade in order of preference) (1) _____ (2) _____ (3) _____

Middle (Subject in order of preference) (1) _____ (2) _____ (3) _____

High School (Subject in order of preference) (1) _____ (2) _____ (3) _____

Special Education (Specify preference) _____

Signature of Applicant _____ Date: _____

Type of Certification held now:

- None
 Probationary
 Valid Texas
 Deficiency Plan (specify): _____
 One Year Certificate - Expiration Date _____
 Valid other state or country – (specify): _____
 Texas Temporary Administrative – Expiration Date _____

Certificate: Provisional Professional Standard – Expiration Date _____

Please check all areas in which you have valid certification.

Elementary

- Provisional Elementary (Grades 1-8)
 Generalist Early Childhood-4
 Bilingual Generalist (EC-4)
 Generalist (Grades 4-8)
 Bilingual Generalist (Grades 4-8)
 Bilingual Education (Grades EC-4)
 Bilingual Education (Grades 4-8)
 English Language Arts and Reading (Grades 4-8)
 Mathematics (Grades 4-8)
 Science (Grades 4-8)
 Social Studies (Grades 4-8)
 English Language Arts and Reading/Social Studies (Grades 4-8)
 Mathematics/Science (Grades 4-8)

Secondary

- English Language Arts and Reading (Grades 8-12)
 Social Studies (Grades 8-12)
 History (Grades 8-12)
 Mathematics (Grades 8-12)
 Life Science (Grades 8-12)
 Physical Science (Grades 8-12)
 Science (Grades 8-12)
 Computer Science (Grades 8-12)
 Technology Application (Grades 8-12)

All Level

- Health & PE
 Music
 Art
 Speech
 Theater Arts
 Reading Specialist

- Nurse Special Education (specify) _____
 Counselor Endorsement(s) _____
 Resource Learning Specialist CATE (Specify courses) _____
 Educational Diagnostician
 Principal
 Administration
 School Psychologist
 Other (Specify) _____

Teaching Experience

(Begin with the most recent)

From Mo/Yr	To Mo/Yr	Grade/Subject	Yrs Exp	Name of School/District	Address of School/District	Reason for Leaving	Principal/Supervisor	Current Phone
								()
								()
								()
								()

Total creditable years: _____ (This must be filled in. Include **only** full-time experience from a college, public school, or an accredited private school.)

Student Teaching Information (complete only if this is your first year each)

From/To	Name and Address of School District	Name of Cooperating Teacher	Current Phone
			()
			()
From/To	Name and Address of University	Name of University Supervisor	Current Phone
			()
			()

Colleges or Universities Attended: List all applicable information

College or University	Location	Dates	Major Field of Study	Hours	Minor Field of Study	Hours	Type of Degree	Year Earned

Co-Curricular Activities: (Check any of the following you can direct or coach successfully.)

	Yrs. of Experience			Yrs. of Experience	
	As Coach	As Participant		As Coach	As Participant
<input type="checkbox"/> Swimming	_____	_____	<input type="checkbox"/> Track	_____	_____
<input type="checkbox"/> Football	_____	_____	<input type="checkbox"/> Tennis	_____	_____
<input type="checkbox"/> Basketball	_____	_____	<input type="checkbox"/> Soccer	_____	_____
<input type="checkbox"/> Baseball	_____	_____	<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Volleyball	_____	_____			

(Cheerleading, Debate, Yearbook, etc.)

Other Work Experience

From Mo/Yr	To Mo/Yr	Position Type of Work	Yrs Exp	Name of Company	Address of Company	Reason for Leaving	Supervisor	Current Phone
								()
								()

References

List five recent references, include superintendent, principals, and supervisors for whom you have worked who have first-hand knowledge of your character, personality, and scholarship. In addition, a college placement folder is desired.

NAME	POSITION	ADDRESS	ZIP CODE	PHONE
				()
				()
				()
				()
				()

- * Are you related to a member of the Wharton ISD Board of Trustees? Yes _____ No _____
If yes, name of Board member _____ Relationship _____
- * Are you currently under contact in another district? Yes _____ No _____
If yes, name of District, City, & State: _____

If the answer is yes to any of the following questions, please use a separate sheet of paper to explain.

- * Has your employment with any Texas school district caused you to be placed on a permit or one-year certificate? Yes _____ No _____
- * Have you ever held a teacher certificate in any state which was cancelled, revoked, or suspended?
Yes _____ No _____
- * Have you ever left a school district during the school year for reasons other than medical?
Yes _____ No _____
- * Have you ever had your contract non-renewed or terminated? Yes _____ No _____
- * Have you ever resigned in lieu of having your contract proposed for non-renewal or termination?
Yes _____ No _____
- * Have you ever been the subject of a work-related sexual harassment complaint? Yes _____ No _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, or 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, date, and relationship of the offense and the position for which you are applying.)

Use this space for a brief autobiography and express your views as to why you would like to teach in Wharton I.S.D. Please limit your remarks to the space provided.

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 information concerning my previous employment and any other pertinent information that they may have, personal or otherwise, and I release all such parties from liability for damages that may result from furnishing same to you.

I understand that the district is required by Texas Education Code 21.017 to obtain criminal history record information on applicants selected for employment.

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. **IT MUST BE RENEWED** if further consideration is desired. You will receive no further reply unless favorable consideration is given your application.

Signature of Applicant

Date

