

**ANDREWS INDEPENDENT SCHOOL DISTRICT
405 NW THIRD STREET
ANDREWS, TEXAS 79714
(432) 523-3640**

Dear Applicant:

Your request for an application for a position with the Andrews Independent School District is greatly appreciated. We believe AISD is one of the finest school systems in Texas, and we look forward to considering you for a position in our school district should an opening occur in your area of certification.

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

APPLICATION INSTRUCTIONS

All of the information requested below is considered to be part of your formal application for employment and should be addressed to the Personnel Officer.

1. A complete application form. In order for your application to receive proper consideration, all information requested on the application form must be provided.
2. A copy of your valid teacher certificate or a letter from the college/university verifying the date you completed or will complete certification requirements.
3. A copy of your transcript from each college/university attended.
4. Signed reference forms. Return the reference forms to the Personnel Officer. When/if you get to the interview process with the school district, I mail those letters to your references. All you need to do is complete the top part of the form. **DO NOT SEND THESE FORMS TO YOUR REFERENCES!!!**

In addition to the information listed above, you are encouraged to include your transcripts and resume' with the application.

YOUR APPLICATION IS GOOD FOR ONE YEAR ONLY! A letter requesting that the application remain active must be sent to the personnel department. **IF WE DO NOT RECEIVE A LETTER FROM YOU, YOUR APPLICATION WILL BECOME INACTIVE.**

Thank you for your interest in employment with the Andrews Independent School District.

Sincerely,

Diana Grace Villa
Personnel Officer

ANDREWS INDEPENDENT SCHOOL DISTRICT

405 N. W. Third Street
Andrews, Texas 79714
(432) 523-3640

APPLICATION FOR PROFESSIONAL EMPLOYMENT

An Equal Opportunity Employer

Date _____

PERSONAL DATA

Name _____
Last First Middle Maiden Name

Social Security Number: _____ Driver's License #: _____ State: _____

Present Address _____
Street City State Zip Code Telephone (area code)

Other address where you may be reached _____

Former Andrews ISD Employee: Yes _____ No _____

Have you ever worked under a different name? Yes _____ No _____ Explain _____

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain _____

Do you have a relative who is a member of the Andrews ISD Board of Education and/or an employee of the Andrews ISD? Yes _____ No _____

If yes, please give the name of relative and relationship: _____

POSITION FOR WHICH YOU ARE APPLYING

- Classroom teacher (regular program) Voc. Ed. Teacher Special Education teacher
 Teacher-Coach Counselor &/or Diagnostician Administrator (specify)

PLEASE CHECK QUALIFIED FIELDS AND INDICATE PREFERENCE

Elementary (PreK-5): Grades in order of preference 1) _____ 2) _____ 3) _____

Junior High (6-8): Subjects in order of preference 1) _____ 2) _____ 3) _____

Senior High (9-12): Subjects in order of preference 1) _____ 2) _____ 3) _____

Bilingual ESL Art Music Librarian/Learning Resource

Special Education: CHECK PREFERENCE

Deaf/Severely Hard-of Hearing Early Childhood Educational Diagnostician Emotionally Disturbed

Learning disabilities Mentally Retarded Physically Handicapped Counselor

SHADED AREA FOR OFFICE USE ONLY

Date Received _____ Interview Date _____

References Mailed _____ Board Approval _____

References Received _____ Date Employed _____

Date Withdrawn _____ Date Renewed _____

AREA OF SPECIALIZATION – PLEASE CHECK AREAS IN WHICH YOU HAVE VALID CERTIFICATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> All level Art | <input type="checkbox"/> Vocational (specify): _____ |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All level Health and PE | _____ |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All level Music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Mid-Management Administrator | <input type="checkbox"/> Librarian | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary and Kindergarten | <input type="checkbox"/> Special Education (specify): _____ | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Secondary (Junior and Senior High) | _____ | _____ |
| | <input type="checkbox"/> Bilingual | <input type="checkbox"/> ESL |

TEACHING CERTIFICATE: None Texas Other State Standard Provisional Professional

NAME OF TEACHING CERTIFICATE(S) YOU HOLD	STATE	DATE OF EXPIRATION	SUBJECTS AND/OR GRADES COVERED BY CERTIFICATES
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If you do not have a valid Texas certificate, what do you lack?

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EDUCATIONAL & PROFESSIONAL PREPARATION

Name of School and Location	Course of Study Major Fields	Course of Study Minor Fields	Diploma/Degrees Or Certificates
High School:			
Colleges:			

- About what grade point average do you have in your teaching major: _____ Overall GPA: _____
- Have you taken and passed the appropriate Examination for the Certification of Educators in Texas test(s) (ExCET or TExES)?
 YES _____ NO _____ If no, when do you plan to take the appropriate exam? _____
- You must send this office copies of complete college or university transcripts, including grades and confirmation of degree(s) and a resume' with this application.

STUDENT TEACHING EXPERIENCE

NAME OF SCHOOL AND LOCATION	DATES		SUBJECTS AND/OR GRADES TAUGHT	NAME OF PUBLIC SCHOOL SUPERVISING TEACHER
	FROM	TO		

TEACHING EXPERIENCE

Name and Address of School (List Most Recent Experience First)	DATES		SUBJECTS AND/OR GRADES TAUGHT	NUM YRS	NAME and ADDRESS OF YOUR SUPERVISOR
	FROM	TO			

Month, day and year available for employment _____

Why do you wish to leave your present position or location? _____

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)? YES _____ NO _____

(CONVICTION OF AN OFFENSE IS NOT AUTOMATIC BAR TO EMPLOYMENT. THE DISTRICT WILL CONSIDER THE NATURE, DATE AND RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION FOR WHICH YOU ARE APPLYING.)

EMPLOYMENT OTHER THAN TEACHING:

NON-TEACHING EXPERIENCE (LIST TWO MOST RECENT JOBS IN CHRONOLOGICAL ORDER)

FROM		TO		NAME OF EMPLOYER	ADDRESS	KIND OF WORK
MONTH	YEAR	MONTH	YEAR			

PROFESSIONAL REFERENCES: Give five references, preferably superintendents, principals, and/or supervisors. Beginning teachers list either your cooperating teachers or your college coordinator of student teaching or both.

FULL NAME OF REFERENCE	SCHOOL/DISTRICT NAME	MAILING ADDRESS	POSITION/TITLE	AREA CODE/PHONE NUMBER

HAVE YOU ESTABLISHED A PLACEMENT FILE? _____ WHERE? _____

SUPPLEMENTARY INFORMATION

1. Why did you choose the teaching profession as a career?

2. In your opinion, what is the greatest challenge to the teaching profession?

3. List what you feel are your strongest assets relative to the position for which you are applying?

4. In your opinion, what instructional skills should a competent teacher demonstrate?

5. What do you think teachers should do to improve professionally?

PLEASE FOLLOW THE INSTRUCTIONS ON THE ENCLOSED INFORMATION SHEET AS YOU COMPLETE THIS APPLICATION.

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 falsification, 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.

I understand that the district is required by Texas Education Code § 21.917 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 365 days. Any applicant wishing to be considered for employment beyond this time period must notify this office in writing.

DATE _____

Signature

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.

**Return to:
Diana G. Villa, Personnel Officer
Andrews Independent School District
405 NW 3rd Street
Andrews TX 79714**

ANDREWS INDEPENDENT SCHOOL DISTRICT

TEACHER REFERENCE REPORT

I, the undersigned, give Andrews Independent School District (Andrews ISD) authorization to contact this reference. I hereby authorize all persons, schools, companies, corporations, law enforcement agencies, and the Industrial Accident Board to release any information contained in my employment records, school records, criminal records, and Worker's Compensation records to the Andrews ISD. I do release them from any liability and responsibility arising from their doing so. I understand that the information contained in this report is confidential and that it is for the exclusive use of Andrews ISD and that it becomes the property of the district when signed and returned. I hereby waive any right to see or have access to any information contained in this reference report.

DATE	APPLICANT SIGNATURE
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TO: _____ <small>NAME OF REFERENCE</small>	RE: _____ <small>APPLICANT NAME</small>
_____ <small>ADDRESS</small>	_____ <small>ASSIGNMENT DESIRED</small>
_____ <small>CITY</small>	_____ <small>SOCIAL SECURITY NUMBER</small>

Indicate by a check mark your confidential rating of the applicant's qualities as listed below. Please rate according to the following:

- | | | | | | |
|-----|---|----------------------|-----|---|-----------------------|
| C/O | - | Clearly Outstanding | B/E | - | Below Expectations |
| E/E | - | Exceeds Expectations | N/S | - | Not Satisfactory |
| M/E | - | Meets Expectations | N/B | - | No Basis for Judgment |

	C/O	E/E	M/E	B/E	N/S	N/B
GENERAL APPEARANCE: Acceptable, Well Groomed						
PERSONALITY: Wholesome, Pleasing						
ATTITUDE: Toward Children						
Toward Extra Assignments						
Toward Supervision						
ETHICS: Professional Relationships						
SUCCESS: With Discipline						
Presenting Lessons						
Motivating Students						
EVIDENCE OF BEING UP-TO-DATE PROFESSIONALLY						
ABILITY TO PLAN AND ORGANIZE WORK						
ACCURACY CONCERNING REPORTS AND RECORDS						
ENTHUSIASM FOR TEACHING						
GENERAL TEACHING RESULTS						
GENERAL ESTIMATE OF THIS PERSON						

1. Would you employ this applicant in the teaching area named? _____ Yes _____ No
2. What opportunity have you had to form your judgment of this applicant as shown above? _____
3. If applicant was employed by you, give reason for termination of employment: _____

Signature: _____

Title: _____

Date: _____

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