



AVALON INDEPENDENT SCHOOL DISTRICT

111 East Main P. O. Box 455
 Avalon, TX 76623

972-627-3251 FAX 972-627-3220

Please return COMPLETED application with copies of college transcripts and Texas teaching certificate.

PLEASE PRINT ALL INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF APPLICATION _____ DATE AVAILABLE _____ Are you legally employable in the U.S.? YES NO

NAME _____
 LAST FIRST MIDDLE OTHER

PRESENT ADDRESS _____ HOME PHONE () _____
 NUMBER STREET AC NUMBER

CITY STATE ZIP BUS. PHONE () _____
 AC NUMBER

PERMANENT ADDRESS _____ HOME PHONE () _____
 NUMBER STREET AC NUMBER

CITY STATE ZIP AC NUMBER

CERTIFICATION

TYPES OF CERTIFICATES HELD

A. TEXAS: Temporary Provisional Professional
 Expires _____ DATE
 Will receive Texas cert. Upon graduation
 Degree, non-certified

OTHER STATE(S): Valid other state(s)
 (or will receive upon graduation)
 Expires _____ DATE
 Previously expired _____
 Degree, non-certified

B. AREAS OF SPECIALIZATION:
 Kindergarten Librarian Nurse ESL
 Elementary Vocational Mid-Management Bilingual
 Secondary Special Education _____
 All Level _____
 Counselor Others: _____

C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference:
 1. _____ 2. _____ 3. _____

POSITIONS APPLIED FOR

CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated):

Secondary Teacher Elementary Teacher Nurse Special Education Teacher
 Librarian Counselor Vocational Teacher

Area _____
 Teaching Field(s): 1. _____ Special Endorsements: 1. _____
 2. _____ 2. _____ Administrator _____
 Coach-Sport(s): _____
 Other Positions: _____

Teaching Experience (list in chronological order)

From		To		No of Years	Name & Address of School	Principal/ Supervisor	Grade or Subj. Taught
Mo.	Yr.	Mo.	Yr.				
				Student Teaching			

Total Years of Teaching Experience _____

High School Education

Name of School Attended	Location\

College Education

Name of School & Location	Dates of Attend.	Major Field of Study	Minor Field of Study	Type of Degree	Year Earned

EMPLOYMENT OTHER THAN TEACHING (including coaching)

From		To		Type of Work or Sport Coached	Location City State	Salary	Name & Phone Number of Employer or Supervisor
Mo	Yr	Mo	Yr				

REFERENCES

List names of professional references (superintendent, principal, supervisor, college professors) capable of giving information about your teaching and preparation for teaching. List at least one administrator of a teaching position.

Full Name of Reference	Address	Telephone	Position
Professional References			
Personal References			

When may inquiry be made of your present employer regarding your employment record? _____

Have you established a placement file? _____ Yes _____ No

If yes, where _____

Have you ever failed to be re-elected or been discharged from a teaching position? _____ Yes _____ No

If yes, where and when? _____

Have you ever been convicted of a felony? _____ Yes _____ No

Do you have a relative who is either a member of the Avalon ISD Board of Trustees or who is employed in any capacity in the District?

_____ Yes _____ No

If Yes, please give the following information:

Name of Relative _____

Relationship _____ Position Held _____

Have you been employed by Avalon ISD in the past? _____ Yes _____ No

Provide a handwritten statement of your philosophy of education:

Circle the extracurricular activities you can direct: Yearbook Cheerleaders One Act Play

 Student Council National Honor Society Junior National Honor Society

 Class Sponsorship (7-12) Prom Coordinator UIL Director/Coordinator

Are you interested in coaching athletics? Yes No

If so, what sport(s)? _____ Girls or Boys [Circle choice(s)]

PLEASE USE YOUR TRANSCRIPT TO ENTER THE SEMESTER HOURS YOU HAVE EARNED IN THE SUBJECTS LISTED BELOW.

- | | |
|-------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> ART | <input type="checkbox"/> MATHEMATICS |
| <input type="checkbox"/> BILINGUAL | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> BIOLOGY | <input type="checkbox"/> PHYSICAL EDUCATION |
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> PHYSICAL SCIENCE |
| <input type="checkbox"/> CHEMISTRY | <input type="checkbox"/> PHYSICS |
| <input type="checkbox"/> COMPUTER SCIENCE | <input type="checkbox"/> PSYCHOLOGY |
| <input type="checkbox"/> COOMPUTER LITERACY | <input type="checkbox"/> READING |
| <input type="checkbox"/> DANCE | <input type="checkbox"/> SOCIOLOGY |
| <input type="checkbox"/> EARLY CHILDHOOD/KINDER | <input type="checkbox"/> SPANISH |
| <input type="checkbox"/> EARTH SCIENCE | <input type="checkbox"/> SPECIAL EDUCATION |
| <input type="checkbox"/> ECONOMICS | <input type="checkbox"/> SPEECH COMMUNICATIONS |
| <input type="checkbox"/> ENGLISH | <input type="checkbox"/> THEATRE ARTS |
| <input type="checkbox"/> ESL | OTHER |
| <input type="checkbox"/> GEOGRAPHY | _____ |
| <input type="checkbox"/> GOVERNMENT/POLITICAL SCIENCE | _____ |
| <input type="checkbox"/> HEALTH | _____ |
| <input type="checkbox"/> HISTORY | _____ |
| <input type="checkbox"/> INDUSTRIAL TECHNOLOGY | _____ |
| <input type="checkbox"/> JOURNALISM | _____ |
| <input type="checkbox"/> LATIN | _____ |
| <input type="checkbox"/> LIFE SCIENCE | _____ |

I HEREBY CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE, ACCURATE AND COMPLETE.
 ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL AFTER EMPLOYMENT. Further, it is understood that the application becomes the property of the Avalon Independent School District, which reserves the right to accept or reject it. References and other information which become a part of this record are to be regarded as confidential and shall not be revealed to me.

I hereby authorize Avalon Independent School District in order to determine my suitability and qualification for employment, to contact any or all of my previous employers, the references provided, and otherwise to investigate my character, general reputation, personal characteristics, work habits, skills, and/or abilities, through any consumer reporting agency of its choice. Furthermore, I understand this application becomes the property of the Avalon ISD and that these records will be revealed to all persons who participate in the selection process.

 SIGNATURE OF APPLICANT

 DATE

Avalon ISD considers 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.

This application will remain on file for two years only; it must be renewed if further consideration is desired.

An Equal Opportunity Employer

AI SD
DEPARTMENT OF HUMAN RESOURCES
AVALON INDEPENDENT SCHOOL DISTRICT
111 E. MAIN STREET
AVALON, TEXAS 76623

Personal Information

This information will be utilized by the school district to gather data requested for federal reports. This form is not used as part of your application evaluation and is not kept with your application.

Name _____
Last First Middle

Address _____
Street State Zip

Telephone _____ Social Security # _____

Gender: Male _____ Female _____ Date of Birth _____

Ethnic Group: White (non-Hispanic) _____ Black _____ Hispanic _____
American Indian _____ Asian/Pacific Islander _____ Other _____

Citizen of the United States: _____ Yes _____ No

College where degree conferred _____

CRIMINAL HISTORY RECORD RELEASE

As an applicant for employment with the Avalon Independent School District, I hereby authorize the District to obtain criminal history record information from any law enforcement agencies which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports and to release such information to said School District for the sole purpose of evaluating me for employment. I hereby release the Avalon Independent School District and any law enforcement agencies receiving a copy of authorization from any liability for the release of any information to the District.

Driver's License Number _____ State of Issue _____

Applicant's Signature _____ Date _____