

AVALON INDEPENDENT SCHOOL DISTRICT 111 East Main 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 INFORM	IATION		
NAME			/ /	
LAST FIRST MIDDLE OTHER PRESENT ADDRESS	SOCIAL SECURITY NUMBER	DATE OF APPLICATION	DATE AVAILABLE	
LAST FIRST MIDDLE OTHER PRESENT ADDRESS				
PRESENT ADDRESS			MIDDLE	
NUMBER STREET AC NUMBER CITY STATE ZIP BUS. PHONE (LAST	TR31	MIDDLL	OTTER
CITY STATE ZIP BUS. PHONE (PRESENT ADDRESS		HOME PHC	
CITY STATE ZIP AC NUMBER PERMANENT ADDRESS HOME PHONE (_) NUMBER STREET HOME PHONE (_) CITY STATE ZIP AC NUMBER BUS. PHONE (_) AC NUMBER BUS. PHONE (_) CITY STATE ZIP AC NUMBER STATE SITE SITE SITE SITE SITE SITE SITE SI	NUMBE	R STREET		AC NUMBER
CITY STATE ZIP AC NUMBER PERMANENT ADDRESS HOME PHONE (_) NUMBER STREET HOME PHONE (_) CITY STATE ZIP AC NUMBER BUS. PHONE (_) AC NUMBER BUS. PHONE (_) CITY STATE ZIP AC NUMBER STATE SITE SITE SITE SITE SITE SITE SITE SI			BUS. PHO	NE-()
NUMBER STREET AC NUMBER BUS. PHONE (_) . . . CITY STATE ZIP AC NUMBER CERTIFICATION TYPES OF CERTIFICATES HELD A. TEXAS: OTHER STATE(S): OTHER STATE(S): <td< td=""><td>CITY</td><td>STATE ZIP</td><td></td><td>AC NUMBER</td></td<>	CITY	STATE ZIP		AC NUMBER
NUMBER STREET AC NUMBER BUS. PHONE (_) . . . CITY STATE ZIP AC NUMBER CERTIFICATION TYPES OF CERTIFICATES HELD A. TEXAS: OTHER STATE(S): OTHER STATE(S): <td< td=""><td>PERMANENT ADDRESS</td><td></td><td>HOME PHC</td><td>NF()</td></td<>	PERMANENT ADDRESS		HOME PHC	NF()
CITY STATE ZIP AC NUMBER CERTIFICATION TYPES OF CERTIFICATES HELD A. TEXAS:	NUM	BER STREET		AC NUMBER
CITY STATE ZIP AC NUMBER CERTIFICATION TYPES OF CERTIFICATES HELD A. TEXAS:				
CERTIFICATION TYPES OF CERTIFICATES HELD A. TEXAS: OTHER STATE(S): Comporary Provisional Professional (or will receive upon graduation) Expires				
TYPES OF CERTIFICATES HELD A. TEXAS: OTHER STATE(S): Temporary Provisional Professional (or will receive upon graduation) Expires DATE DATE DATE Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Vocational Mid-Management Bilingual Secondary Special Education All Level Others: Counselor Others: Counselor Positions Applied FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Nurse Secondary Special Education Check All APPROPRIATE BOXES (Write in additional information where indicated): Nurse Check All Appropriate Boxes (Write in additional information where indicated): Nurse Causelor Counselor Ocounselor Check All Appropriate Boxes (Write in additional information where indicated): Nurse Special Education Teaching Field(s): Special Endorsements: Counselor Ocounselor	CITY	STATE ZIP		AC NUMBER
TYPES OF CERTIFICATES HELD A. TEXAS: OTHER STATE(S): Temporary Provisional Professional (or will receive upon graduation) Expires DATE DATE DATE Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Vocational Mid-Management Bilingual Secondary Special Education All Level Others: Counselor Others: Counselor Positions Applied FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Nurse Secondary Special Education Check All APPROPRIATE BOXES (Write in additional information where indicated): Nurse Check All Appropriate Boxes (Write in additional information where indicated): Nurse Causelor Counselor Ocounselor Check All Appropriate Boxes (Write in additional information where indicated): Nurse Special Education Teaching Field(s): Special Endorsements: Counselor Ocounselor				
TYPES OF CERTIFICATES HELD A. TEXAS: OTHER STATE(S): Temporary Provisional Professional (or will receive upon graduation) Expires DATE DATE DATE Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Vocational Mid-Management Bilingual Secondary Special Education All Level Others: Counselor Others: Counselor Positions Applied FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Nurse Secondary Special Education Check All APPROPRIATE BOXES (Write in additional information where indicated): Nurse Check All Appropriate Boxes (Write in additional information where indicated): Nurse Causelor Counselor Ocounselor Check All Appropriate Boxes (Write in additional information where indicated): Nurse Special Education Teaching Field(s): Special Endorsements: Counselor Ocounselor				
A. TEXAS: OTHER STATE(S): Valid other state(s) Vali				
Image: Constraint of the constraint	A. TEXAS:	TIPES OF CERTI		ATE(S):
Expires DATE DATE DATE Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Secondary Special Education Ail Level Others: Counselor Others: 1. 2. POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher Check All APPROPRIATE BOXES (Write in additional information where indicated): Check All APPROPRIATE BOXES (Write in additional information where indicated): Check All APPROPRIATE BOXES (Write in additional information where indicated): Counselor Vocational Teacher Area		isional		
Expires DATE DATE DATE Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Secondary Special Education Ail Level Others: Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 1. 2. Area Positions Applied FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher Elementary CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher Elementary Teacher Check All Appropriate Boxes (Write in additional information where indicated): Secondary Teacher Elementary Teacher Counselor Vocational Teacher 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Professional		(or w	ill receive upon graduation)
Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Secondary Special Education All Level Others: Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 1. 2. 3.				
Will receive Texas cert. Upon graduation Previously expired Degree, non-certified Degree, non-certified B. AREAS OF SPECIALIZATION: Librarian Kindergarten Librarian Secondary Special Education All Level Others: Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 1. 2. 3.	Expires		Expires	
B. AREAS OF SPECIALIZATION: Kindergarten Elementary Secondary All Level Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 123 POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher Elementary Teacher Nurse Special Education Area Special Endorsements: Counselor Vocational Teacher Area 2 Administrator 2 2 Administrator			Previo	usly expired
B. AREAS OF SPECIALIZATION: Kindergarten Elementary Secondary All Level Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 123 POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Secondary Teacher Elementary Teacher Nurse Special Education Area Special Endorsements: Counselor Vocational Teacher Area 2 Administrator 2 2 Administrator				
Kindergarten Librarian Nurse ESL Elementary Yocational Mid-Management Bilingual Secondary Special Education	— Degree, non-certined		— Degre	e, non-certined
Elementary Vocational Mid-Management Bilingual Secondary Special Education All Level Others: Counselor Others: C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 1 2 POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Becondary Teacher Elementary Teacher Area Teaching Field(s): Special Endorsements: 1 1 Coach- Sport(s):				1
All Level Others: Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 1 2 POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): 		Vocational	Mid-Management Bi	⊧∟ lingual
All Level Others: Counselor C. TEACHING FIELDS (Elementary and Secondary) – List in order by preference: 1 2 POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): 	Secondary	Special Education		
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 Image: Special Education Teacher Area Image: Special Endorsements: Image: Counselor Teaching Field(s): Special Endorsements: Image: Counselor Vocational Teacher <td< td=""><td></td><td> Others:</td><td></td><td></td></td<>		Others:		
POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated):		ary and Secondary) – List in order b	by preference:	
POSITIONS APPLIED FOR CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated):	1	2	3	
CHECK ALL APPROPRIATE BOXES (Write in additional information where indicated): Special Education Secondary Teacher Elementary Teacher Special Education Area Counselor Vocational Teacher 1. 1. Area 2. Administrator Goach- Sport(s):	· · · <u>· · · · · · · · · · · · · · · · </u>	Z	5	
Secondary Teacher Elementary Teacher Area Teaching Field(s): Special Endorsements: 1. 2. Coach- Sport(s): Secondary Teacher Elementary Teacher Nurse Librarian Teacher Librarian Teacher Counselor Vocational Teacher Area Administrator Sport(s):				
Area Teaching Field(s): 1. 2. 2. Coach- Sport(s): Librarian Teacher Counselor Vocational Teacher Area Administrator				Nurse Special Education
Teaching Field(s): Special Endorsements: Counselor Vocational Teacher 1 1 Area 2 2 Administrator Coach- Sport(s):			,	
1 1 Area 2 2 Administrator □ Coach- Sport(s):		Special Endorsements:		Counselor 🗌 Vocational Teacher
Coach- Sport(s):		-		
Coach- Sport(s):	2.	2.	🗆 Administ	rator
Sport(s):				
Other Positions:				
	Other Positions:			

Teaching Experience (list in chronological order)

Fre	om	Т	0	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	Dates of	Major Field	Minor	Type of	Year
& Location	Attend.	of Study	Field of	Degree	Earned
			Study		

				EMPLOYMENT OTHER 1	THAN TEACHING (i	ncluding co	aching)
Fro	m	Τ	C	Type of Work or Sport Coached	Location City State	Salary	Name & Phone Number of Employer or Supervisor
Мо	Yr	Мо	Yr				

	REFERENCES						
List names of professional references (superintendent, principal, supervisor, college professors) capable of giving							
information about your teaching an	d preparation for teaching. List at least one ad	ministrator of a tead	ching 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? No If yes, where No Have you ever failed to be re-elected or been discharged from a teaching position? No If yes, where and when?					
If yes, where	When may inquiry be made of your present e	mployer regardin	g your employment re	cord?	
Have you ever failed to be re-elected or been discharged from a teaching position?YesNoNON	lave you established a placement file?	Yes	No		
If yes, where and when?YesNo 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?YesNo If Yes, please give the following information: Name of RelativePosition HeldPosition Held Have you been employed by Avalon ISD in the past?YesNo	f yes, where				
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 f Yes, please give the following information: Name of Relative Position Held Relationship Position Held Have you been employed by Avalon ISD in the past? Yes No	lave you ever failed to be re-elected or been	discharged from	a teaching position?	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 f Yes, please give the following information: lame of Relative Position Held Position Held Avalon ISD in the past? Yes No	f yes, where and when?				
District? Yes No f Yes, please give the following information: lame of Relative Relationship Position Held lave you been employed by Avalon ISD in the past? Yes No	lave you ever been convicted of a felony?	Yes	No		
Name of Relative Position Held Position Held Relationship Position Held Position Held Have you been employed by Avalon ISD in the past? Yes No	District?	er of the Avalon I	SD Board of Trustees of	or who is employed	in any capacity in the
Relationship Position Held Have you been employed by Avalon ISD in the past? Yes No	f Yes, please give the following information:				
Have you been employed by Avalon ISD in the past? Yes No	lame of Relative				
	Relationship		Position He	eld	
	lave you been employed by Avalon ISD in th	e past? Ye	es No		

Circle the extracurricular activities you can direct:	Yearbook	Cheerleaders	One Act Play
Student Council	National Honor Society	Junior National Honor So	ociety
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 SEL	MESTER HOURS YOU HAVE	EARNED IN THE SUBJECTS LISTED	BELOW.
ART BILINGUAL BIOLOGY BUSINESS CHEMISTRY COMPUTER SCIENCE COOMPUTER LITERACY DANCE EARLY CHILDHOOD/KINDE EARTH SCIENCE ECONOMICS ENGLISH ESL GEOGRAPHY GOVERNMENT/POLITICAL S HEALTH HISTORY INDUSTRIAL TECHNOLOGY JOURNALISM LATIN LIFE SCIENCE	SCIENCE	MATHEMATICS MUSIC PHYSICAL EDUCATION PHYSICAL SCIENCE PHYSICS PSYCHOLOGY READING SOCIOLOGY SPANISH SPECIAL EDUCATION SPEECH COMMUNICATIONS THEATRE ARTS OTHER	

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

AISD

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 Securit	y #	
Gender:	Male Fema	e Date	of Birth		
Ethnic Group:	White (non	Hispanic)	Black	_ Hispanic	
	American Indian _	Asian/Pacific	c Islander	Other	
Citizen of the	United States:	YesNo			
College where	e 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