



MONAHANS-WICKETT-PYOTE INDEPENDENT SCHOOL DISTRICT

606 SOUTH BETTY ST - MONAHANS, TX 79756

TEL: (432) 943-6711 - FAX: (432) 943-2307

APPLICATION FOR PROFESSIONAL EMPLOYMENT

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.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA	Date of Application: _____ Social Security No: _____
	Name: _____
	Current Address: _____ City: _____ State: _____ Zip: _____
	Work Phone #: _____ Home Phone #: _____
	E-mail Address: _____
	Other addresses where you may be reached: _____
	Other phone no. where you may be reached: _____
	Name used on records if different from present name: _____

POSITION DATA	Please check position for which you are applying: <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> CATE Teacher <input type="checkbox"/> Special Ed. Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Diagnostician <input type="checkbox"/> Teacher-Coach <input type="checkbox"/> Principal <input type="checkbox"/> Coordinator/Dir. <input type="checkbox"/> Administrator <input type="checkbox"/> Other _____
	Please check fields: <input type="checkbox"/> Elementary Grades (Pre-K - K) - Grades in order of preference (1) _____ (2) _____ <input type="checkbox"/> Elementary Grades (1 - 4) - Grades in order of preference (1) _____ (2) _____ (3) _____ <input type="checkbox"/> Middle School (5 - 6) Subjects in order of preference (1) _____ (2) _____ (3) _____ <input type="checkbox"/> Intermediate School (7 - 8) - Subjects in order of preference (1) _____ (2) _____ (3) _____ <input type="checkbox"/> High School (9 - 12) - Subjects in order of preference (1) _____ (2) _____ (3) _____ <input type="checkbox"/> Special Education - mark preferences: <input type="checkbox"/> EMR <input type="checkbox"/> Visually Handicapped <input type="checkbox"/> Speech & Hearing Therapy <input type="checkbox"/> Early Childhood <input type="checkbox"/> TMR <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> School Psychologist <input type="checkbox"/> LLD <input type="checkbox"/> Auditorially Handicapped <input type="checkbox"/> Spec. Ed. Counselor <input type="checkbox"/> Educational Diagnostician <input type="checkbox"/> Other _____

Teaching Certificate	<input type="checkbox"/> None	<input type="checkbox"/> Other State	<input type="checkbox"/> Texas	<input type="checkbox"/> Provisional	<input type="checkbox"/> Other _____
Name of Teaching Certificates You Hold	State	Date of Expiration	Subjects And / Or Grades Covered By Certificates		

If not presently Texas certified, have you previously held a one-year certificate in Texas?

Yes No

Have you previously taught in Texas on an emergency or special assignment teaching permit?

Yes No

If you do not have a valid Texas certificate, what do you lack? _____

What languages can you read? _____ Speak? _____ Write? _____

Attach resume, if desired. "See Resume" is not acceptable on application.

Driver's License No. _____ State _____ Expiration _____

Documents Required:

- 1) Complete Application
- 2) Transcripts (copies)
- 3) Copy of Texas certificate or out of state certificate
- 4) Copy of service record

Areas of Specialization

Check areas in which you have a valid certificate:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Driver's Ed. | <input type="checkbox"/> Administration | <input type="checkbox"/> Visually Handicapped | <input type="checkbox"/> Vocational Trades & Industry |
| <input type="checkbox"/> All Level / Art | <input type="checkbox"/> Principal | <input type="checkbox"/> Auditorially Handicapped | <input type="checkbox"/> Vocational Homemaking |
| <input type="checkbox"/> All Level / PE | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Mentally Retarded | <input type="checkbox"/> Vocational Distributive Education |
| <input type="checkbox"/> All Level / Music | <input type="checkbox"/> Bilingual / ESL | <input type="checkbox"/> Speech / Hearing Therapy | <input type="checkbox"/> CVAE |
| <input type="checkbox"/> All Level / Sp / Drama | <input type="checkbox"/> Counselor | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Vocational Handicapped |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Librarian | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Vocational Health Occupations |
| <input type="checkbox"/> High School | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Gifted & Talented | <input type="checkbox"/> Occupational Orientation |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Visiting Teacher | <input type="checkbox"/> Language and / or Learning Disability | <input type="checkbox"/> Vocational Technician |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Vocational Office Education |
| <input type="checkbox"/> Other: _____ | | | |

If applicant for **Intermediate (7/8)** or **High School (9-12)** position, furnish the following information:

Number of semester hours you have earned in:

_____ English	_____ History	_____ Astronomy	_____ Dance
_____ French	_____ Geography	_____ Biology	_____ Health
_____ German	_____ Government	_____ Chemistry	_____ Physical Education
_____ Latin	_____ Economics	_____ Earth Science	Check below if you are interested in coaching.
_____ Russian	_____ Sociology	_____ Geology	Check sports in which you participated.
_____ Spanish	_____ Psychology	_____ Life Science	
_____ Journalism	_____ Philosophy	_____ Oceanography	_____ College
_____ Reading	_____ TOTAL SOC. ST.	_____ Physical Science	_____ H.S.
_____ Speech	_____ Algebra	_____ Physics	<input type="checkbox"/> Baseball
_____ Art	_____ Analysis	_____ TOTAL SCIENCE	<input type="checkbox"/> Basketball
_____ Drama	_____ Calculus	_____ Accounting	<input type="checkbox"/> Football
_____ _____	_____ Geometry	_____ Business Law	<input type="checkbox"/> Soccer
_____ Band	_____ Computer Science	_____ Business Machines	<input type="checkbox"/> Softball
_____ Choir	_____ _____	_____ Shorthand	<input type="checkbox"/> Swimming
_____ Strings	_____ TOTAL MATH	_____ Typing	<input type="checkbox"/> Tennis
_____ TOTAL MUSIC	_____ Homemaking	_____ TOTAL BUSINESS	<input type="checkbox"/> Track
_____ Special Education	_____ Industrial Arts		<input type="checkbox"/> Volleyball
_____ _____	_____ Photography		<input type="checkbox"/> _____

List any other courses in which you have

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12 - 17 hours* 18 + hours*

If applicant for Pre-K - 6th grade teaching position, furnish the following information:

Number of semester hours you have in:

_____ Reading	_____ Math	_____ Social Studies	_____ Music	_____ P.E.
_____ English	_____ Science	_____ Special Education	_____ Art	_____ Kindergarten
<input type="checkbox"/> Other _____	_____ Bilingual			

EDUCATIONAL AND PROFESSIONAL PREPARATION

Name of School and Location	Course of Study Major Fields	Course of Study Minor Fields	Diploma, Degrees or Certificates

About what grade point average do you have in your teaching major? _____ Overall grade point average? _____

Have you taken and passed the appropriate examination for the certification of educators in Texas test(s) (EXCET)?

- Yes No

Have you taken and passed the appropriate examination for the certification of educators in Texas test(s) (TEXES)?

- Yes No

Begin With Most Recent:

TEACHING EXPERIENCE

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

Total Creditable years: _____ (This must be filled in. Only teaching full time in college, public school, or an accredited private school is creditable.)

STUDENT TEACHING EXPERIENCE

Name Of School And Locations	Years		Subject And / Or Grades Taught	Name Of Public School Supervising Teacher (Include Telephone No.)
	From	To		
				()
				()
				()

OTHER WORK EXPERIENCE

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

Please describe any circumstances surrounding a break in employment experience of one or more years.

PROFESSIONAL REFERENCES

Give five professional references including superintendents, principals, or supervisors who have knowledge of your character, personality, scholarship, and teaching ability.

Name	Position	School Address (Street, City, State, Zip)	(Area Code) Phone No.
			()
			()
			()
			()
			()

In the case of beginning teachers, list your cooperating teachers and your college coordinator of student teaching.

ADDITIONAL INFORMATION

Have you been recommended to continue in your present position? Yes No

If no, please explain:

Have you been discharged from or not re-employed in a prior position? Yes No

If so, where? _____

**Crimes involving moral turpitude are those that involve dishonesty, deliberate violence, or immorality/indecency.
**Charge or conviction of a crime is not any automatic bar to employment. The district will review the nature of the offense, the date of the offense, and the relationship between the offense and the position for which the person is applying before making a determination concerning impact upon consideration for employment.*

Have you ever been convicted of any crime involving moral turpitude*, reckless violence or endangerment, or drugs or alcohol, or of any felony?

Yes No

If yes, please explain**:

Regardless of adjudication or deferral, has any court ever received a plea of guilty or a plea of nolo contendere ("no contest") from you for any crime involving moral turpitude*, reckless violence or endangerment, or drugs or alcohol, or for any felony?

Yes No

If yes, please explain**:

Do you have a relative that is a member of the M-W-P Independent School District Board of Education? Yes No

If yes, give the name of relative and relationship. _____

List any special honors or past achievements obtained during prior employment or while attending college which may relate to the position being sought.

Other than coaching activities, what extra-curricular activities can you direct?

Any additional comments:

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, employers and supervisors 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 or damages that may result from furnishing same to you. I agree that the information will not be disclosed to me, but will be treated as confidential by the district.

I understand that the district is authorized by Texas Education Code § 22.083 to obtain criminal history record information on applicants selected for employment.

This application with all inclusions 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 two years (October through September). IT MUST BE RENEWED if further consideration is desired.

Print Name of Applicant

Date

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

*Address Apartment or #

City County State Zip

**Date of Birth Social Security Number **Gender **Race

***AS SHOWN ON THE ORIGINAL APPLICATION**
****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment / volunteerism with _____ and have been advised that as a part of the application process, the district conducts a criminal history background check. I do hereby consent to the district use of any information provided during the application process in performing the criminal history check. The district has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the district. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

- 1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

- 2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction:

5. YES NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State: _____ County: _____ Date of Arrest: _____

Details of conviction:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY / TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELLING OF ANY AND ALL OFFERS OF EMPLOYMENT / VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, 20____

APPLICANT (PRINT NAME): _____

APPLICANT'S SIGNATURE: _____