

TEACHERS & ADMINISTRATORS

PROFESSIONAL STAFF APPLICATION FORM
Yoakum Independent School District

P.O. BOX 737 YOAKUM, TEXAS 77995 361-293-3162 FAX 361-293-6678

TO APPLICANT:

It is recognized that any application form has some shortcomings in giving a complete and accurate description of you as a candidate. It is believed, however, that the information asked for on this form will help to determine whether there is a position in which you can make your best contribution and, therefore, one in which you can grow professionally to derive maximum satisfaction from your work.

Name Last First Middle

Name Used On Records, If Different

Social Security No. Date Available

Present Address Telephone ( ) Area Number
Number and Street
City State Zip Code

Other Address(Where You May Be Reached) Telephone ( ) Area Number
Number and Street
City State Zip Code

POSITION DESIRED: (Please indicate the grade level, subject matter or type of position you prefer and for which you feel you are qualified)

First Choice Second Choice Third Choice

Signature In Ink Date Of Application

IMPORTANT

Please give all of the information requested. This will become a part of your contract, if elected; you are responsible for the validity of all information given.

It is the responsibility of the applicant to request that his or her placement folder be sent to the Yoakum Independent School District. Attach a complete transcript to this application (unofficial copy acceptable).

If elected, the applicant agrees to accept the assignment to the building and subjects as made by the Board of Education and/or district administrators.

This application will be DESTROYED after TWO (2) years if appointment has not been made.

NOTE: Appointments are not made without a personal interview. The district will notify you, after consideration of the application, if an interview is desired.

Yoakum Independent School District does not discriminate on the basis of race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.



## PROFESSIONAL INFORMATION

1. **CERTIFICATE:** State \_\_\_\_\_ Exact Title \_\_\_\_\_  
 Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_
2. **If you do not have a teaching certificate, when do you expect to receive one?** \_\_\_\_\_
3. **Area of certification (i.e. – Teaching fields, endorsements, or areas of specialization)**  
 \_\_\_\_\_  
 \_\_\_\_\_
4. **MAJOR FIELDS**                      **Semester Hrs.**                      **MINOR FIELDS**                      **Semester Hrs**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. **Number of semester hours in EDUCATION:** Secondary \_\_\_\_\_ Elementary \_\_\_\_\_
6. **CHECK any of the following which you can teach, coach or direct successfully:**  
 Music,  Art,  Industrial Arts,  Debate,  Declamation,  Dramatics,  Photography,  Yearbook,  
 Newspaper,  Class Sponsorship,  Club Sponsorship,  Playground Activities,  Football,  Basketball,  Track  
 Baseball,  Tennis,  Physical Education. **Others not listed:** \_\_\_\_\_
7. **Have you taken the National Teacher Examination?**  Yes  No **Percentile Rank?** \_\_\_\_\_

## TEACHING EXPERIENCE

NAME AND LOCATION OF SCHOOL	INCLUSIVE DATES		NUMBER OF MONTHS	GRADE, SUBJECT, OR POSITON	NUMBER OF TEACHERS
	FROM	TO			
	Month/Year	Month/Year			
	/	/			
	/	/			
	/	/			
	/	/			
	/	/			

**Total Number of Years Teaching Experience** \_\_\_\_\_

## REFERENCES

**Give at least five references, including superintendents, principals, and/or college professors who have observed and know your work as a student or teacher.**

FULL NAME OF REFERENCE	ADDRESS	OFFICIAL POSITION	PHONE NUMBER
			(   )
			(   )
			(   )
			(   )
			(   )

## PERSONAL STATEMENT

*Write (at your option) a brief statement giving reasons for your interest in Yoakum ISD. Also, give any additional information which might help to display your personal and professional qualifications and your promise as an educator.*

## VERIFICATION

**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 this 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 Texas Education Code, Section 21.917, requires the district 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.**

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

### NOTICE OF TITLE IX COMPLIANCE

The Yoakum Independent School District is in compliance with provision of Title IX of Public Law 92-318, Education Amendments of 1972. The Yoakum Independent School District does not discriminate on the basis of sex in the operation of its education programs and activities or in its admissions and employment policies. Inquiries concerning Yoakum Independent School District policies under the provision of Title IX may be addressed to the Office of the Superintendent, Yoakum Independent School District, P.O. Box 737, Yoakum, Texas 77995, or information may be obtained by calling 361-293-3162.