



Edcouch-Elsa Independent School District

DIVISION OF HUMAN RESOURCES

EXCELLENCE

The Mission of Edcouch-Elsa I.S.D. is to produce responsible graduates who can compete confidently in a dynamic global society by providing an individualized, nurturing educational foundation that draws from our community's spiritual roots and rich cultural heritage as we face the challenge of the new millennium.

JACKET PRIDE!

APPLICANT INFORMATION

Thank you for considering the Edcouch-Elsa Independent School District. To ensure that your application is given proper consideration, please follow all instructions carefully and use the following checklist to complete all requested information.

- APPLICATION:** Complete entire form including signature and date.
- TRANSCRIPTS:** Include copies of all college/university records.
- CERTIFICATE/LICENSES:** Include copies of all appropriate credentials.
- ADDENDUM:** Texas school districts are required to obtain a criminal history record on all applicants for employment.
- REFERENCE FORMS:** Include three (3) forms with the appropriate information (At least one of the three must reflect and individual who has supervised you recently). The district will mail the reference forms.

APPLICANTS WILL BE NOTIFIED **IN WRITING** REGARDING POTENTIAL EMPLOYMENT STATUS AFTER THE **COMPLETED** APPLICATION IS RECEIVED.

It is important that applicants keep our office informed **in writing** of changes in name, address, telephone number and any other pertinent information. We also request that you inform our office if you accept employment in another district.

Applications will be retained in active status one year following the date of application. It will then be placed in inactive status for one year before being destroyed. In order to reactivate an application, the Human Resources Office must be notified **in writing**.

We look forward to receiving your application.

APPLICATION FOR PROFESSIONAL EMPLOYMENT

PLEASE TYPE OR PRINT IN INK

**EDCOUCH-ELSA
INDEPENDENT SCHOOL DISTRICT**
P.O. Box 127 • Edcouch, TX 78538 • (956) 262-6000

PERSONAL INFORMATION

Date of application: _____ Date available for employment: _____
Legal Name: _____ Soc. Sec. No: _____
Permanent Address: _____
Home Telephone: (____) _____ Permanent/Business/Office Telephone: (____) _____

POSITION INFORMATION

Check all positions for which you are applying:

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> ELEMENTARY , Grades _____ | SECONDARY | SUPPORT PERSONNEL | |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Middle School, Grades 9-12 | <input type="checkbox"/> Administrator | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> High School, Grades 9-12 | <input type="checkbox"/> Counselor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Teaching Fields: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other _____ | | | |

Check extra/co-curricular activities you may want to sponsor, direct or coach:

- | | | | | |
|--|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Clubs (specify): _____ | <input type="checkbox"/> Band | <input type="checkbox"/> Cheerleaders | <input type="checkbox"/> Dance/Drill Team |
| <input type="checkbox"/> Newspaper | | <input type="checkbox"/> Choir | <input type="checkbox"/> Pep Squad | |
| <input type="checkbox"/> Speech/Debate | <input type="checkbox"/> Coach (sports): _____ | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Theatre/Drama | | | | |

EDUCATIONAL BACKGROUND

HIGH SCHOOL _____ **GRADUATE:** _____ **YES** ___ **NO**
City, State _____

COLLEGE (Attach a copy of your official college transcripts)

Name of Institution	Location	Dates Attended	Date of Graduation	Level of Degree	Level of Degree/Diploma	Major	Minor

CERTIFICATE AND LICENSE INFORMATION

Type of Certificate/License Attach a copy of your certificate/license	Teaching Fields	Date Issued	Date Expires	State

HUMAN RESOURCES OFFICE USE ONLY

Application received _____ **References Processed** _____ **Certification** _____
Interviewed by _____ **Date** _____ **Assignment** _____ **Location** _____
Location of Interview _____ **Re-Interview** _____ **Beginning Date** _____ **Approved by** _____

- Are you currently under contract in another district? Yes No
District: _____ City/State: _____
- Have you ever held a teacher certificate in any state which was cancelled, revoked, or suspended? Yes No
If yes, please explain: _____
- Are you related to a member of the Edcouch-Elsa ISD Board of Trustees?
 Yes No Relation: _____
- Have you ever been convicted of a felony? Yes No
- Are you legally authorized to work in the U.S. on a full-time basis? Yes No

FOR TEXAS CERTIFIED EDUCATIONS:

- Have you successfully completed the appropriate TECAT / TEXESS Test(s)? Yes No
If no, date scheduled: _____
- Has your employment with any Texas school district caused you to be placed on a permit or one-year certificate? Yes
 No

STUDENT TEACHING / TEACHING / PROFESSIONAL EXPERIENCE

List in order; all professional or related experience. (Begin with most recent experience.)

From Month / Year	To Month / Year	Position Grade / Subject	Name/Address/City/State/Zip Code of Employer	Principal/ Supervisor	Supervisor's Telephone No.

PLEASE LIST ACTIVITIES, AWARDS, HONORS, PROFESSIONAL ORGANIZATIONS, PUBLICATIONS, ETC.

High School: _____
 College: _____
 Community/Professional: _____

IMPORTANT NOTICE TO ALL APPLICANTS

- * Edcouch-Elsa Independent School District does not discriminate in hiring, promotion, discharge, or other aspects of employment on the basis of race, age, religion, handicap, gender or national origin.
- * Edcouch-Elsa Independent School District is a tobacco, alcohol, and drug-free work place.
- * This application will be placed on file for consideration as vacancies occur and will be retained in active status one year following the date of application. It will then be placed in inactive status for one year before being destroyed unless the Division of Human Resources is notified in writing by the applicant.

I hereby affirm that all information provided on this form is true and accurate. I also understand that if information contained in this application later proves to be false or incomplete my employment may be terminated. I understand that this form and any other documents become the property of the District.

_____ Day of _____ 20____

Signature of applicant _____

**EDCOUCH-ELSA INDEPENDENT SCHOOL DISTRICT
ADDENDUM TO APPLICATION**

WAIVER FOR CRIMINAL HISTORY RECORD INFORMATION

Dear Applicant:

State law requires a school district to obtain a criminal history record on all applications that are to be considered for employment. School districts may obtain this information for any law enforcement agency.

I hereby authorize the Edcouch-Elsa Independent School District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine any acceptability for employment.

I understand that if I am employed by the Edcouch-Elsa Independent School District, I may be discharged from my position if the District obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the District.

COMPLETE INFORMATION BELOW AND RETURN WITH APPLICATION

Full Name: _____

Date of Birth: _____ TX Driver's Lic. # _____

SS# _____ Sex: (Circle One) F or M

Race: White _____ Black _____ Hispanic _____ Other _____

Criminal Record history is privileged information and is for the use of the district and the Texas Education Agency.

Signature

Date

EDCOUCH-ELSA INDEPENDENT SCHOOL DISTRICT REFERENCE CHECK

SECTION I. INSTRUCTIONS TO THE APPLICANT:

- Complete reference information.
- **Read and SIGN the Authorization Statement** below.
- **ON THE REVERSE SIDE**, enter the current mailing address of your former supervisor/instructor.
- **RETURN Reference Check** with Application to Human Resources. EEISD Human Resources will mail this form to the Evaluator.

Applicant Name _____

Social Security # _____

Position Applying for: _____

Reference Name _____	Title in relationship to applicant _____
Company/School _____	Telephone _____

AUTHORIZATION STATEMENT

I have applied for employment with Edcouch-Elsa ISD. I authorize EEISD to collect any information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment/education. Thank you for your assistance.

Signature

Date

SECTION II. TO BE COMPLETED BY EVALUATOR:

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	NO BASIS TO JUDGE
General appearance, appropriate dressing, grooming				
Exercise professional judgment in absences from work				
Accepts constructive criticism and supervision				
Communicates information effectively				
Demonstrates good judgment				
Establishes personal growth and career path				
Effectively diagnoses and addresses situation or conditions				
Displays a practical approach to problem solving				
Inspires cooperation and confidence				
Provides support and assistance when needed				
Is knowledgeable and current in field				
Is receptive to new ideas and change				

SECTION III. FOR TEACHER POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	NO BASIS TO JUDGE
Handles discipline matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
Demonstrates knowledge of subject matter				
Demonstrates ability to diagnose and address student needs				
Encourages student performance consistent with abilities				
Uses a variety of instructional methods				
Assigns work which is relevant and purposeful				
Works well as part of an instructional team				

How long have you known the applicant? _____ Would you employ the applicant for the position desired? _____

Signature

Official Position

Date

EVALUATOR: THANK YOU FOR YOUR COOPERATION. PLEASE REFOLD, STAPLE AND MAIL TO EEISD.

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