

WASKOM ISD IS AN EQUAL OPPORTUNITY EMPLOYER.
We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status the presence of a non-job-related medical condition or handicap, or any other legal protected status.

Application of

Tammy Mierop
name

1709 Brook St, Marshall, TX, 75670
address

Art teacher (para Professional)
present position

for

Teacher
new position

3-6 Math
indicate preference in grade/s or subject/s

5-15-14 Tammy Mierop
date signature

WASKOM INDEPENDENT SCHOOL DISTRICT

**SCHOOL AVENUE, BOX 748
WASKOM, TX. 75692
(903) 687-3361**

Date of Application: 5-15-14 Social Security No. 464-77-6555

Full Name: Tammy Mierop

Present address: 1709 Brook St Telephone No. 903 238 1895
Marshall, TX 75670 Zip Code. 75670

Permanent address: Same Telephone No. _____
Zip Code _____

Position for which you are applying: any 3-6 math preferred

- Credentials included with application:
- Resume
 - All teaching and professional certificates
 - All transcripts showing degrees

Date available: 2014-2015 school year

Former Waskom ISD Employee: yes _____ no X

If yes, give dates of employment: _____

Are you aware of any reasons you would not be able to perform the duties of the position for which you are applying? yes _____ no X If yes, please explain: _____

Do you have a relative who is a member of the Waskom ISD Board of Education?
yes _____ no X
If yes, please give the name of relative and relationship: _____

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to, theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication? yes _____ no X

If yes, please explain: _____

CERTIFICATION OF TEACHERS

Type of certification held now

- None
- Valid Texas
- Valid other state AZ
- Emergency (Texas)
- Texas one year certificate: Expiration date _____
- Texas temporary administrative: Expiration date: _____

Areas of specialization

- | | | | | |
|---|--------------------------|--|--------------------------|----------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> | All level art | <input type="checkbox"/> | Vocational (specify) |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> | All level health and PE | | |
| <input type="checkbox"/> Principal | | <input type="checkbox"/> All level music | <input type="checkbox"/> | Nurse |
| <input type="checkbox"/> Mid-management admin. | <input type="checkbox"/> | Librarian | <input type="checkbox"/> | Visiting Teacher |
| <input checked="" type="checkbox"/> Elementary | <input type="checkbox"/> | Counselor | <input type="checkbox"/> | Supervisor |
| <input type="checkbox"/> Elementary and kindergarten | <input type="checkbox"/> | Special Education (specify) | | Others (specify) |
| <input type="checkbox"/> Secondary (junior/senior high) | | | | |

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
Haltville ISD	Art teacher	2012 - current	graduated from college with BA
Haltville ISD	para aide to visually impaired	2010-2012	district moved me because student moved
Haltville ISD	PE aid	2008-2010	district moved me to fill a need

Total creditable years _____ (Full time teaching in college, public school, or in an accredited private school is creditable.)

SCHOOLS ATTENDED

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
Grand Canyon University	Education K-8 (emphasis in math)	Degree	2014

References

Please list references, including especially superintendents and principals under whom you have taught, who have first hand knowledge of your character, personality, scholarship and teaching ability.

NAME	ADDRESS	PHONE	OFFICIAL POSITION
Cristi Parsons		903 668 5990	Principal
Alanna Hodges		972 322 6417	music teacher
Kelly Plunk		903 452 6080	teacher
Laroyce Sublett		404 556 5161	ECU - observation Specialist
Michelle Walker		903 668 5990	Asst. Principal
Lara Cavin		903 930 2636	Principal

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 above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that the district is required by Texas Education Code #21.917 to obtain criminal history record information on applicants for employment.

Furthermore, this application becomes the property of the district which reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period must reapply to extend or renew the application.

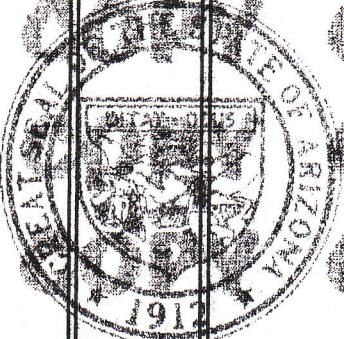

Signature of Applicant

James M. King

Date

5-15-14

Arizona Department of Education CERTIFICATE

Name TAMMY LYNN MIEROP			Certificate Number 464776555 [Educator ID: 4656481]	
Certificate	Valid Date	Expiration Date	Approved Areas	Deficiencies
Provisional Elementary Education, 1-6	05/16/2014	05/16/2017	* Structured English Immersion, K-12	
			*Endorsement  JOHN HUPPENTHAL State Superintendent of Public Instruction	
ARIZONA DEPARTMENT OF EDUCATION 1535 West Jefferson Street * Phoenix, Arizona 85007				

Thank you for your support of efforts to provide a quality education for Arizona's students. Although a copy of this certificate can be obtained for a fee, the Certification Unit will be unable to copy or retain documents that were provided to support your request for this certificate. Please maintain copies of all your personal and professional records for future reference or use. Also, please note that State Board of Education certification requirements are subject to change and, therefore, could affect your ability to qualify for renewals, endorsements, conversions, additional certificates, or other services. For this reason, it is essential for you to maintain your qualifications to practice in Arizona, and to be familiar with the rules and requirements that are in effect at the time future services may be requested.

TAMMY LYNN MIEROP
 1709 BROOK ST
 MARSHALL TX 75670

Main Menu

Application/Fee Status

Fingerprint Status

Applications

Standard Certificate

Texas Program

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Provisionary Certificate - Texas Program

Out of State Certified Applicants

Part of Country (Certified Applicants)

Temporary Teacher (Certifiable)

Educational Aide (Certicate)

Renew a Standard Aide Certificate

Duplicate Certificates

Statement of Intent

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records.
 Services : 1. Out-of-State (Review of Credentials)

Transaction Summary

Description	Amount
TEA Certification	\$180.00
Total Amount Paid	\$180.00

Customer Information

Customer Name: Tammy mierop
 Local Ref ID: 701TL7599926555
 Receipt Date: 5252014
 Receipt Time: 02:55:42 PM CDT

Payment Information

Payment Type: CC
 Card Type: MASTERCARD
 Expiration Date: 03 /2016
 Card Number: *****7352
 Order ID: 94812228
 Billing Name: Tammy L Mierop

Phone Number: 903 238 1895
 Fax Number: tamierop@hisd.com

Address: 1709 BROOK ST
 City, State: MARSHALL TX
 Postal Code: 75670
 Country: US

Billing Information

This receipt has been emailed to the address below
 tamierop@hisd.com

Click Continue button for Application/Fee Status page

Continue