

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	Joseph Williams			
	400 Harkins La Marshall, TX 75672 address			
	N/A present position			
for	His tory new position			
	HS Social Studies indicate preference in grade/s or subject/s			
	5/27/15 Signature			

WASKOM INDEPENDENT SCHOOL DISTRICT

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

10-17-85

Date of Application: 5/27/15 Social Security No. 6	29-05-7266
Full Name: Joseph Daviel Williams	
Present address: 400 Harkins La Te	elephone No. (903) 503 - 2384
Marshall, Tr 75672 Zij	Code. 75672
Permanent address: To	elephone No
Z	ip Code
Position for which you are applying: 50cial Studies	
Credentials included with application: ☐ Resume ☐ All teaching and professional certificates ☐ All transcripts showing degrees	
Date available:	
Former Waskom ISD Employee: yesno	*
If yes, give dates of employment:	
Are you aware of any reasons you would not be able to perform the du you are applying? yes no If yes, please ex	ties of the position for which plain:
Do you have a relative who is a member of the Waskom ISD Board of yes no	Education?
Have you ever been convicted of a felony or offense involving moral to attempted theft, rape, murder, swindling, and indecency with a minor) received probation or deferred adjudication? yes no	and/or,
If yes, please explain:	

T - Cat-On	Type of certification held now None Valid Texas Valid other state Emergency (Texas) Texas one year certific Texas temporary admi Areas of specialization Administrator Superintendent Principal Mid-management adm Elementary Elementary Elementary and kinderga Secondary (junior/senior	nistrative: Expiration date: All level art All level healt All le in. Librarian Counselor rten Special Education	h and PE vel music Voca Visit Supe	ntional (specify) Nurse ing Teacher rvisor s (specify)		
T000h-n0	Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving		
X P o r o n o						
d u c	Total creditable years					
t I On / T	Southern Hose Hair	Theology	Y 15	13		
G						

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
DAVE CONSON	lelara bachie Tr	469 245-9394	Senior Pasto
	617 Kury St.		
Lee Sage	Crowley Tx 76036	469 - 878 - 2798	Ret. Army
Dana Williams	McKinny TX	972-679-4418	Teacher (Plano)
	,		

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

Date