



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**

Amberle C Hill

name

PO Box 443 Carthage TX 75633

address

Substitute teacher

present position

**for**

Kindergarten

new position

\_\_\_\_\_ indicate preference in grade/s or subject/s

8-1-12

date

A Hill

signature

**WASKOM INDEPENDENT SCHOOL DISTRICT**

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

Date of Application: 8-1-12 Social Security No. 5166-87-9064

Full Name: Amberle Hill

Present address: Po Box 443 Telephone No. 903-692-0450

Carthage TX 75633 Zip Code. 75633

Permanent address: Same Telephone No. \_\_\_\_\_

Zip Code \_\_\_\_\_

Position for which you are applying: Kindergarten

Credentials included with application:

- Resume
- All teaching and professional certificates
- All transcripts showing degrees

Date available: ASAP

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: \_\_\_\_\_

0030-0000-05-0000-0000

Type of certification held now

- None
- Valid Texas
- Valid other state \_\_\_\_\_
- 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 type="checkbox"/> Elementary                             | <input type="checkbox"/> Counselor                   | <input type="checkbox"/> Supervisor           |
| <input checked="" type="checkbox"/> Elementary and kindergarten | <input type="checkbox"/> Special Education (specify) | <input type="checkbox"/> Others (specify)     |
| <input type="checkbox"/> Secondary (junior/senior high)         | _____  | _____   |

0030-0000-05-0000-0000

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

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

0030-0000-05-0000-0000

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
Stephen F Austin	Elementary Education	BCIS in Elementary Education	2010
Panola College	Elementary Education	Associates	2007
Kilgore College	Photography		

## 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
Cheryl Thompson	Carthage TX	903-692-1453	Beckville ISD 1st grade
Amanda Peavy	Beckville, TX	903- <del>263</del> -9559	Beckville ISD 1st grade
Traci Vandegriff	Carthage, TX	903-692-3917	Beckville ISD Kindergarten
Sherry Colvin	Carthage, TX	903-692-9093	Peppermint Fence Daycare + Preschool Pre Kindergarten
Lisa Davis	Carthage, TX	903-754-2329	Peppermint Fence Preschool Director
Jimmie Oliver	Deadwood, TX	903-754-0150	Beckville ISD 2nd grade

### 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.

Ambale Hill

Signature of Applicant

8-1-12

Date