

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

Chandler Johnson
name

4224 friar truck dr nacoogdoches TX 75965
address

n/a
present position

for

Agricultural Science
new position

High School
indicate preference in grade/s or subject/s

12-17-14 [Signature]
date signature

WASKOM INDEPENDENT SCHOOL DISTRICT

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

Date of Application: 12-17-14 Social Security No. 630366011

Full Name: Chandler Mary Johnson

Present address: 4224 fourtuck dr Telephone No. (936) 556-8615

Waco, TX 75965 Zip Code. 75965

Permanent address: _____ Telephone No. _____

Zip Code _____

Position for which you are applying: Agricultural Science

Credentials included with application:

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

Date available: 1/1/15

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: _____

0000-0000-0000

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

0000-0000-0000

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
Caldwell HS, Caldwell, TX	Student Teaching	9/15/14 - 12/12/14	End of Semester

Total creditable years 0 (Full time teaching in college, public school, or in an accredited private school is creditable.)

0000-0000-0000

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
Texas A+M	Agriculture Science	BS	Dec. 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
Kirk Edney	N/A	(979)458-2306	University Supervisor
John Rayfield	N/A	(979)862-3707	Associate Professor
Jolie Harlin	N/A	(979)862-3014	Associate Professor
Lisa Pieper	N/A	(979)567-9000	Cooperating Teacher

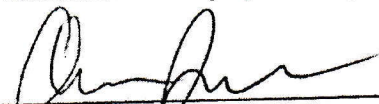
Verification

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

12-17-14
Date