



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

Noel "Bert" West
name

2160 GARDEN OAKS MARSHALL TX. 75272
address

Retired Recently
present position

for

Boys Basketball Coach
new position

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

7-7-16 Bert West
date signature

WASKOM INDEPENDENT SCHOOL DISTRICT

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

Date of Application: 7-7-16 Social Security No. 429-98-3249

Full Name: Noel Bert West

Present address: 2160 GARDEN OAKS Telephone No. 903-407-8204

MARSHALL, TX. Zip Code. 75672

Permanent address: SAME AS ABOVE Telephone No. _____

Zip Code _____

Position for which you are applying: High School BOYS BASKETBALL COACH

Credentials included with application:

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

Date available: 7-18-16

Former Waskom ISD Employee: yes _____ no

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 If yes, please explain: _____

Do you have a relative who is a member of the Waskom ISD Board of Education?

yes _____ no

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

If yes, please explain: _____

001-0000-0000-0000

Type of certification held now

- None
- Valid Texas
- Valid other state LOUISIANA
- 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. | Librarian | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Elementary | Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary and kindergarten | Special Education (specify) | Others (specify) |
| <input checked="" type="checkbox"/> Secondary (junior/senior high) | | |

0000-0000-0000-0000

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
ETBU	HEAD MBB	2000-2016	Retired
MARSHALL ISD	HEAD GBB	1998-2000	return to coll.
Southern Ar. U./MADRID, Ar	HEAD MBB	1997-98	MOM Dies
ETBU	HEAD MBB	1991-1997	Moved close to MOM
Zwolle HS, Zwolle, LA.	HEAD BBB	1987-1991	To coach KLANA MATERN

Total creditable years 42 (Full time teaching in college, public school, or in an accredited private school is creditable.)

0000-0000-0000-0000

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
ETBC	Business/ENG. PE	certification:	1976
		Physical Ed.	
		English	

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
DAVID SIMPSON	712 OLD LEIGH ISLAND RD.	903-407-1071	RETIRED EDUCATOR
CARLTON BURRIS	3400 DAVIDGE DR.	903-407-3605	PASTOR IMMANUEL BAPT.
J. BRIAN NICHOLS	970 MERCER RD.	903-926-0246	RETIRED SUPERINTENDENT
KENT REEVES	107 EASTMOOR DR.	903-407-8207	ETBV ATHLETIC DIRECTOR

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.

Bert West
Signature of Applicant

7-7-16
Date

Texas Educator Certificate

This certifies that

Noel B West

*has fulfilled requirements of state law and regulations of the
State Board for Educator Certification
and is hereby authorized to perform duties as designated below:*

PROVISIONAL

Description	Effective Date	Expiration Date	Status
Secondary English Grades (6-12)	08/13/1976	Life	<u>Valid</u>
Secondary Health and Physical Education Grades (6-12)	08/13/1976	Life	<u>Valid</u>

Official Record of Certification
Wednesday, July 13, 2016

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