



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

Jessica Johnson

name

1401 S. Washington Apt. B Marshall, TX 75670

address

Kindergarten teacher - Marshall, TX

present position

for

Math - WMS

new position

6th & 8th

indicate preference in grade/s or subject/s

6/6/12

date

Jessica Johnson

signature

WASKOM INDEPENDENT SCHOOL DISTRICT

SCHOOL AVENUE, BOX 748

WASKOM, TX. 75692

(903) 687-3361

Date of Application: 6/6/12 Social Security No. 631-10-4968

Full Name: Jessica Michelle Johnson

Present address: 1401 S. Washington Apt. B Telephone No. 903-926-1049
Marshall, TX 75670 Zip Code.

Permanent address: _____ Telephone No. _____
_____ Zip Code _____

Position for which you are applying: Math - middle school

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

Date available: 6/7/12

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: _____

6707

0000-0000-0000-0000-0000-0000-0000-0000

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 type="checkbox"/> Vocational (specify) _____ |
| <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 checked="" type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Others (specify) _____ |
| <input checked="" type="checkbox"/> Elementary and kindergarten | <input type="checkbox"/> Special Education (specify) _____ | |
| <input checked="" type="checkbox"/> Secondary (junior/senior high) | | |

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List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
David Crockett, Marshall TX	Kindergarten	1/2009 - 6/2012	
MJHS, Marshall TX	GCS co-teacher	10/2008 - 12/2008	

Total creditable years 4 (Full time teaching in college, public school, or in an accredited private school is creditable.)

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Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
ETBU, Marshall TX	Elem. Edu. /math	Bach. Educ.	2008

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

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

6/6/12
Date