



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

Rachel N. Wise
name

210 E. School Ave.
address

present position

for

WHS Art
new position

HS Art
indicate preference in grade/s or subject/s

07/21/2014 Rachel N. Wise
date signature

WASKOM INDEPENDENT SCHOOL DISTRICT

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

Date of Application: 07/21/2014 Social Security No. 638-16-8324

Full Name: Rachel Nicole Wise

Present address: 210 E. School Ave. Telephone No. (903) 926-7149

Waskom, TX 75692 Zip Code 75692

Permanent address: same Telephone No. same

Zip Code _____

Position for which you are applying: High School Art

Credentials included with application:

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

Date available: 07/23/2014

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: _____

0010-4-0000

Type of certification held now

- None
- Valid Texas
- Valid other state _____
- Emergency (Texas)
- Texas one year certificate: Expiration date Will be issued upon hire
- 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 type="checkbox"/> Elementary and kindergarten | <input type="checkbox"/> | Special Education (specify) | | Others (specify) |
| <input type="checkbox"/> Secondary (junior/senior high) | | _____ | | _____ |

0030-5-0000

List teaching experience beginning with most recent years.

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

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

0030-6-0000

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
Waskom High School	_____	Diploma	2008
Centenary College	Communication/Art	BA Degree	2013

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
Mr. Jack Lee		(903) 926-3243	WHS History
Mrs. Gay Johnson			WHS English
Mrs. Liz Johnson			WHS Home Ec.
Mr. David Roberts			WHS Math
Mrs. Ann Andrews			WHS Tech

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.

Rachel N. Wise

Signature of Applicant

07/21/2014

Date