



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

Michael P. Welch

name

1000 Enfield Dr. Marshall Tx 75672

address

Boys & Girls Club Athletic Director

present position

for

Social Studies / World History / World Geography

new position

7-12 Social Studies

indicate preference in grade/s or subject/s

5/16/16

date

Michael P. Welch

signature

**WASKOM INDEPENDENT SCHOOL DISTRICT**

**SCHOOL AVENUE, BOX 748**

**WASKOM, TX. 75692**

**(903) 687-3361**

Date of Application: 5/14/16 Social Security No. 461-85-9417

Full Name: Michael Paul Welch

Present address: 1000 Enfield Dr. Telephone No. 903-407-6084

Marshall TX Zip Code. 75672

Permanent address: Same Telephone No. Same

Same Zip Code Same

Position for which you are applying: Social Studies / Special Education / Coach

Credentials included with application:

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

Date available: \_\_\_\_\_

Former Waskom ISD Employee: yes \_\_\_\_\_ no

If yes, give dates of employment: N/A

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: N/A

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: N/A

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: N/A



## 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
Angela Fitzpatrick	Sam Houston Middle School Marshall, Tx	903-927-8860	Principal
Dr. Bill Mills	1 Tiger Drive Marshall, Tx 75670	903-923-2146	Professor, Computer Science
Bryan Partee	2105 Positive Place Marshall, Tx 75670	903-935-2030	Executive Director
Dr. Joseph D. Brown	1 Tiger Drive Marshall Tx 75670	903-923-2270	Chair, Dept. of Kinesiology
Dr. Will Walker	1 Tiger Drive Marshall, Tx 75670	903-923-2206	Associate Professor, Kinesiology
Dr. John Sargent	1 Tiger Drive Marshall, Tx 75670	903-923-2273	Chair, Dept. of Teacher Education.

### 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.

Michael P. Weld  
Signature of Applicant

5/16/16  
Date

1. Social Security Number

XXX-XX-9417



Statement of Eligibility for Field Experience

**Instructions:** Upon admission to the iteachTEXAS alternative certification preparation program, a candidate seeking certification through this TEA approved alternative certification program will use this form to verify eligibility for full-time employment or clinical teaching to complete requirements for certification. iteachTEXAS does not require districts to process payroll deductions; however, in the event of a termination or resignation, this form is district authorization to withhold program fees from the candidate's final paycheck

**THIS IS NEITHER A CERTIFICATE NOR A PERMIT.** This document verifies that the individual has been admitted to an alternative certification preparation program leading to certification through an approved NCLB Act alternative certification program. A school district should use item (4) to verify the applicant's placement in an area of eligibility indicated by verification of content area ExCET/TEXES test passed or as identified in item (3) by the approved preparation program.

2. Applicant's Name

Last	First	Middle / Maiden Name
Welch	Michael	

3. Verification of Eligibility for Field Experience:

Indicates the grade level(s) and certification area(s) for which the individual is eligible for initial certification. Areas in which the content test has been recently passed may not appear.

Content Area	Test Passed	Academic Major
6-12 Business Education		X
7-12 Social Studies	X	
Name of Recommending Entity iteachTEXAS		ACP Code 055709
Zach Rozell, Director	Date 4 / 11 / 2016	Telephone 940-383-8100
		Signature <i>ZR</i>

4. Verification of Field Experience Assignment:

Option 1 –Hired as Teacher Option				2 – Clinical Teaching/Practicum			
Beginning Date of Placement			Ending Date of Placement		Grade(s) Taught		Description of Subject/Assignment
MM	DD	YY	MM	YY	Lowest	Highest	
08	01	2016	07	2017	9	12	
School: WASKOM High School				Phone:			
Address: P.O. Box 748 WASKOM, TX. 75682				City:			
Principal: Kassie Watson				Zip:			
Mentor (if known): Jeff Lyles				Email:			
				Email:			

5. District Information:

Name of School District: WASKOM ISD		County District Number:	
Mailing Address: P.O. Box 748 Waskom, Tx.		City:	
H/R Contact: Jimmy E. Cox		H/R Email:	
H/R Phone: 903-930-5355		H/R Fax:	
Name and Title of Superintendent or Authorized Representative	Date	Telephone	Signature
Jimmy E. Cox - Supt.	05/17/16	903 930-5355	Jimmy E. Cox