

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

Billie Francine Brice
name

8955 Meadow Creek Dr. Shreveport, LA 71129
address

Retired
present position

for

Speech Pathologist
new position

indicate preference in grade/s or subject/s

08/13/12 [Signature]
date signature

WASKOM INDEPENDENT SCHOOL DISTRICT

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

Date of Application: 08/13/2012 Social Security No. 433-72-3929

Full Name: Billie Frazzine (Boggs) Brice

Present address: 8955 Meadow Creek Dr. Telephone No. 318-426-3840 (Cell #)

Shreveport, LA Zip Code 71129

Permanent address: _____ Telephone No. _____

Zip Code _____

Position for which you are applying: Speech Pathologist

Credentials included with application:

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

Date available: immediately

Former Waskom ISD Employee: yes no

If yes, give dates of employment: 1977-1995 (with 3 yr. break from 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: _____

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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"/> Principal | | 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 checked="" type="checkbox"/> | Special Education (specify) | | Others (specify) <i>ESL</i> |
| <input type="checkbox"/> Secondary (junior/senior high) | | <i>Speech Therapy and Special Ed</i> | | |

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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
<i>Elysian Fields Elementary</i>	<i>Special Ed/ESL</i>	<i>1995-2010</i>	<i>Retirement</i>
<i>Waskom High School</i>	<i>Special Ed Teacher</i>	<i>1986-1995</i>	<i>Employment Elsewhere</i>
<i>" Elementary</i>	<i>Speech Therapy</i>	<i>1980-1983</i>	
<i>Waskom High School</i>	<i>Sp. Ed. Teacher</i>	<i>1977-1980</i>	
<i>Orangefield Elementary</i>	<i>Speech Therapy</i>	<i>1974-1977</i>	<i>Moved to Shreveport</i>

Total creditable years *32* (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
<i>Louisiana Tech University</i>	<i>Speech Pathology</i>	<i>B.S. Speech Pathology</i>	<i>1974</i>
<i>Lamar University</i>	<i>Graduate courses</i>	<i>Speech Pathology</i>	<i>18 hours</i>

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
Patsy Wood	Hallsville ISD	903-668-5990	Harrison County Co-op Special Education Supervisor
Linda Marr	Elysian Fields Elementary	903-633-2465	Principal
Martha Kovacs	Elysian Fields Elementary	903-633-2465	Assistant Principal
Maynard Chapman	Elysian Fields ISD	903-633-2465	Superintendent
Jimmy Cox	Waskom ISD	903-687-1500	Superintendent

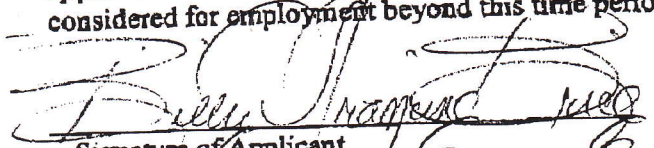
Verification

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

08-13-12
 Date