



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

Lacy C Burson

name

9020 Letna LN Shreveport, LA 71118

address

present position

for

new position

indicate preference in grade/s or subject/s

date

signature

WASKOM INDEPENDENT SCHOOL DISTRICT

SCHOOL AVENUE, BOX 748

WASKOM, TX. 75692

(903) 687-3361

Date of Application: 6-28-2013 Social Security No. 639-03-5603

Full Name: Lacy C Burson

Present address: 9020 Lema LN Telephone No. 318-393-8242

Shreveport, LA Zip Code. 71118

Permanent address: 6523 CR 322 Telephone No. _____

Waskom, TX Zip Code 75692

Position for which you are applying: _____

Credentials included with application:

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

Date available: ASAP

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: _____

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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 | <input type="checkbox"/> All level music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Mid-management admin. | Librarian | <input type="checkbox"/> Visiting Teacher |
| <input checked="" type="checkbox"/> Elementary | Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary and kindergarten | Special Education (specify) _____ | <input type="checkbox"/> Others (specify) _____ |
| <input checked="" type="checkbox"/> Secondary (junior/senior high) | | |

0050-4070X-05-5000T
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 0050-4070X-05-5000T

List teaching experience beginning with most recent years.

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

Total creditable years _____ (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
Elysian Field		Diploma	2005
Panola College	Applied Sciences	Associates Degree	2008
LSUS	Social Sciences	Bachelor	2011

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
Scott Young	216 Sand Beach Blvd Shreveport, LA 71118	318-797-4462	Director
Deborah Staples	216 Sand Beach Blvd Shreveport, LA 71118	318-797-4462	Assistant Director
Carl Rom	115 N. Wellington Marshall, TX 75670	903-935-1665	Owner of Rom Law Firm

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

6-27-2013

 Date