



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

Carol K. French  
name

9644 Nob Lane  
address

\_\_\_\_\_  
present position

for

Secondary Math Teacher  
new position

\_\_\_\_\_  
indicate preference in grade/s or subject/s

7/29/14      Carol K. French  
date                      signature

**WASKOM INDEPENDENT SCHOOL DISTRICT**

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

Date of Application: 7/29/14 Social Security No. 430-35-4700

Full Name: Carol Ann King French

Present address: 9644 Nob Lane Telephone No. 318-347-3966  
Shreveport, LA Zip Code 71106

Permanent address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Zip Code \_\_\_\_\_

Position for which you are applying: Teacher

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

Date available: 7/29/14

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: \_\_\_\_\_

C O L L E G I A T E

Type of certification held now

- None
- Valid Texas
- Valid other state Louisiana
- 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 type="checkbox"/> Elementary                                | Counselor  | <input type="checkbox"/> Supervisor           |
| <input type="checkbox"/> Elementary and kindergarten               | Special Education (specify)                      | Others (specify)                              |
| <input checked="" type="checkbox"/> Secondary (junior/senior high) |  |   |

T E A C H I N G E X P E R I E N C E

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
2012 - 2014 Southwood High School			Taking position @ WHS
Trinity Heights Christian Academy		1997 - 2000	School closed

Total creditable years 5 (Full time teaching in college, public school, or in an accredited private school is creditable.)

S C H O O L S A T T E N D E D

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
Louisiana Tech	Civil Engineering	M.S.	1997
		B.S.	1994
Univ of Central Arkansas	Math/History	B.S.	1991



## 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
Jeff Roberts Southwood H.S.	9000 Walker Rd Shreveport, LA	318-686-9512	Principal
Tracee Jones Bossier H.S.	777 Barkat Drive Bossier City, LA	318-402-7458	Teacher
Lonnie Dunn THCA	3750 Christy Dr Shreveport, LA	318-925-6746	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.

Carol K. French  
Signature of Applicant

7/29/14  
Date