



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

Joy L. Snider
name

823 Shadowood Dr. Marshall, TX
address

None
present position

for

Head Start
new position

Pre-K
indicate preference in grade/s or subject/s

8/8/16 Joy L. Snider
date signature

WASKOM INDEPENDENT SCHOOL DISTRICT

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

Date of Application: 8/15/16 Social Security No. 534-21-2102

Full Name: Joy Linnea Snider

Present address: 823 Shadowwood Dr. Telephone No. 480-332-9606
Marshall, Tx 7 Zip Code. 75672

Permanent address: 823 Shadowwood Dr. Telephone No. 480-332-9606
Marshall, Tx Zip Code 75672

Position for which you are applying: Pre-K - Head Start

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

Date available: 8/15/16

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: _____

CERTIFICATION

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 checked="" 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 checked="" type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input checked="" type="checkbox"/> Elementary and kindergarten | <input type="checkbox"/> Special Education (specify) _____ | <input type="checkbox"/> Others (specify) _____ |
| <input type="checkbox"/> Secondary (junior/senior high) | | |

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
J. H. Moore Elementary Marshall ISD	Kindergarten Teacher	08/14-06/16	To work in a more community supported school.

Total creditable years 2 (Full time teaching in college, public school, or in an accredited private school is creditable.)

EDUCATION

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated
Grand Canyon University Phoenix, AZ	Early childhood Education	Bachelor of Science	2013
Desert Ridge High school Mesa, AZ		Diploma	2009

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
Dr. Melinda Jennings	2303 Norwood St Marshall, Tx 75672	903-927-8760	Principal
Kristi Ford	2303 Norwood St Marshall, Tx 75672	903-935-1651	Reading Interventionist
Brenda Lightfoot			
Lisa Wallace		480-472-8635	Pre-K Teacher / Cooperative Teacher

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.

Joy L. Snider
Signature of Applicant

8/8/16
Date