

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

Avenue #610 vd, TX 77627 address

present position

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Teacher

indicate preference in grade/s or subject/s

WASKOM INDEPENDENT SCHOOL DISTRICT

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

for

	Emergency (Texas) Texas one year certifi Texas temporary adm Areas of specialization Administrator Superintendent Principal Mid-management adm Elementary Elementary and kinderg Secondary (junior/senior)	icate: Expiration date inistrative: Expiration date:	h and PE vvel music	viting Teacher pervisor hers (specify)			
	List teaching experience begin 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.) Schools Attended: List all applicable information.						
	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated			
	ETBU-Marshalltx	Elementary	Bachelor of Science in Education	2011			

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Date of Application: $400/1$	Social Security No. 641-34-5779
Full Name: HOVEV GOV	le Andress
Present address: 2901 Hef	Cha Avenue #610 Telephone No. (409)728-99
Nederland, TX	Zip Code. 77627
Permanent address: 2901 H	telena Avenue # (10 Telephone No. (409)728-95
Nederland TV	77/77
IVUU DINIIA	Zip Code 102
Position for which you are applying	ıg:
Credentials included with application Resume	ion:
All teaching and profession	
All transcripts showing de	egrees
Date available: 110112	
Former Waskom ISD Employee: y	no V
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
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Are you aware of any reasons you you are applying? yes Do you have a relative who is a me yes no If yes, please give the name of relate Have you ever been convicted of a attempted theft, rape, murder, swind received probation or deferred adju- f yes, please explain:	would not be able to perform the duties of the position for which

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
	I Tiger Drive		ETBU: University
LE ILE DIXON	Marshall JTX 75670	(903)938-9737	Supervisor
	700 Jasper Drive		Supervisory Teacher
Kristina Wyman		(903)927-8880	tor student leaching/ 2nd grade teacher
	I Tiger Drive		professor of
John Sargent	Marshall,TX 75670	(903)923-2273	Education - ETBU
0	602 Samuel St.		Dean of Education-
Donna Lubcher	Marshall TX 75672	(903)923-2275	ETBU
	1 Tiger Drive		Professor of
Karen Gentsch	Marshall, TX 75670	(903)923-2278	Education- ETBU
	1900 Maverick Drive		
June Parker	Marshall, TX 75670	(903)736-2340	Itigh School 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.

Signature of Applicant

Texas Educator Certificate

State Board for Educator Certification

Certifies that

Hayley Gayle Andress

has fulfilled all requirements of the State of Texas and is authorized to practice as a certified educator in the areas designated below:

Certificate Description

Original Effective Date

Validity Period

Standard Classroom Teacher Generalist (Grades EC-6)

12/17/2011

12/17/2011 - 12/31/2016

Bonny Cain, Ed.D.





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