

**MARFA INDEPENDENT SCHOOL DISTRICT**  
**P.O. Box T**  
**Marfa, Texas 79843**  
**(432) 729-4252**

**APPLICATION FOR PROFESSIONAL POSITION**

SOCIAL SECURITY #: \_\_\_\_\_ COMPLETE ALL INFORMATION IN **BLACK**

**PERSONAL**

LEGAL NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

**ADDRESS** **TELEPHONE**

**CURRENT ADDRESS UNTIL**

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ APT. # \_\_\_\_\_ BOX # \_\_\_\_\_ AREA CODE \_\_\_\_\_ CURRENT TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AREA CODE \_\_\_\_\_ ALTERNATE TELEPHONE \_\_\_\_\_

**PERMANENT ADDRESS**

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ APT. # \_\_\_\_\_ BOX # \_\_\_\_\_ AREA CODE \_\_\_\_\_ PERMANENT TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AREA CODE \_\_\_\_\_ ALTERNATE TELEPHONE \_\_\_\_\_

**CONTACT PERSON**

AREA CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**POSITION DESIRED**

- | TEACHER                                    | SUPPORT STAFF                      | ADMINISTRATOR                                |
|--|------------------------------------|--|
| <input type="checkbox"/> REGULAR           | <input type="checkbox"/> LIBRARIAN | <input type="checkbox"/> ASSISTANT PRINCIPAL |
| <input type="checkbox"/> SPECIAL EDUCATION | <input type="checkbox"/> COUNSELOR | <input type="checkbox"/> PRINCIPAL           |
| <input type="checkbox"/> VOCATIONAL        | <input type="checkbox"/> NURSE     | <input type="checkbox"/> OTHER _____         |

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

## STATEMENTS OF INSTRUCTION AND POLICY

1. All personal interviews will be arranged by the Administration Office.
2. This application will become the property of the Marfa Independent School District and will remain in the active personnel file for one calendar year. The application will then be placed in the inactive personnel file for one calendar year. Information changes should be reported to the Administration Office immediately. If a position is accepted with another district/firm, please notify the Administration Office.
3. Each applicant should **edit** the information provided **most carefully** before submitting this application to the Administration Office.

### CERTIFICATION INFORMATION – TEXAS

Date Issued	Expiration Date	Certificate Number
<b>TYPE</b>	<b>LEVEL</b>	
<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> ONE YEAR <input type="checkbox"/> COUNSELOR <input type="checkbox"/> DIAGNOSTICIAN <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> PERMITS: SPECIFY _____	<input type="checkbox"/> YOUNG CHILDREN, AGES 3-8 <input type="checkbox"/> ELEMENTARY <input type="checkbox"/> JUNIOR HIGH SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> ALL LEVELS (MUSIC, ART, P.E.) <input type="checkbox"/> SPECIAL EDUCATION <input type="checkbox"/> VOCATIONAL EDUCATION <input type="checkbox"/> _____	

### CERTIFICATION INFORMATION – OUT-OF-STATE

STATE	CERTIFICATE NUMBER
DATE ISSUED	EXPIRATION DATE
<b>TYPE</b>	<b>LEVEL</b>

**It will be the responsibility of the applicant to secure an evaluation of out-of-state credentials and apply for a Texas Certificate from the Texas Education Agency, Division of Teacher Certification, 1701 North Congress Avenue, Austin, Texas 78701, (512)463-8976.**

## CERTIFIED FIELDS/ENDORSEMENTS

**ELEMENTARY:** Please state number of semester hours in following areas of specialization.

Reading\_\_\_\_\_ Social Studies\_\_\_\_\_ Science\_\_\_\_\_ Music\_\_\_\_\_

Art\_\_\_\_\_ Physical Educ.\_\_\_\_\_ Mathematics\_\_\_\_\_ Lang. Arts\_\_\_\_\_

ESL/Bilingual\_\_\_\_\_ Comp. Literacy\_\_\_\_\_

**SECONDARY:** Please state number of semester hours in certified fields as listed on certificate. List the fields in order of teaching preference.

First Teaching Field\_\_\_\_\_ Sem. Hrs.\_\_\_\_\_

Second Teaching Field\_\_\_\_\_ Sem. Hrs.\_\_\_\_\_

Third Teaching Field\_\_\_\_\_ Sem. Hrs.\_\_\_\_\_

**OTHER AREAS OF CERTIFICATION:** \_\_\_\_\_

## CO-CURRICULAR ACTIVITIES

Please check any of the following which you are able to direct or coach successfully:

### YEARS EXPERIENCE

### YEARS EXPERIENCE

	As Coach	As Participant		As Coach	As Participant
<input type="checkbox"/> UIL LITERARY			<input type="checkbox"/> FOOTBALL		
<input type="checkbox"/> OM			<input type="checkbox"/> BASKETBALL		
<input type="checkbox"/> SCHOOL PLAYS			<input type="checkbox"/> BASEBALL		
<input type="checkbox"/> SCHOOL CLUBS			<input type="checkbox"/> VOLLEYBALL		
<input type="checkbox"/> NEWSPAPER			<input type="checkbox"/> TRACK		
<input type="checkbox"/> YEARBOOK			<input type="checkbox"/> TENNIS		
<input type="checkbox"/> TEXAS FUTURE PROBLEM SOLVERS			<input type="checkbox"/> SOCCER		
<input type="checkbox"/> OTHER PROGRAM INVOLVEMENT - EXPLAIN			<input type="checkbox"/> DRILL TEAM		
<input type="checkbox"/> CURRICULUM WRITER			<input type="checkbox"/> CHEERLEADING		
<input type="checkbox"/> INSERVICE WORKSHOPS					
<input type="checkbox"/> GIFTED PROGRAM					
<input type="checkbox"/> OTHER					

## EDUCATION

COLLEGE/UNIVERSITIES ATTENDED			DATES	MAJOR	HRS.	MINOR	HRS.	DEGREE RECEIVED	DATE RECEIVED
NAME	CITY	STATE							
HIGH SCHOOL/GED									

## TEACHING EXPERIENCE

(Begin with most recent)

FROM  MO./YR.	TO  MO./YR.	GRADE/ SUBJECT	YRS EXP	NAME OF SCHOOL DISTRICT	ADDRESS OF SCHOOL DISTRICT	REASON FOR LEAVING	PRINCIPAL/ SUPERVISOR	CURRENT PHONE
			STUDENT TEACHING					

TOTAL YEARS \_\_\_\_\_

**OTHER WORK EXPERIENCE**

FROM MO./YR.	TO MO./YR.	POSITION TYPE OF WORK	YRS EXP	NAME OF COMPANY	ADDRESS OF COMPANY	REASON FOR LEAVING	SUPERVISOR	CURRENT PHONE

Have you ever been involuntarily terminated from another school district? \_\_\_\_\_Yes \_\_\_\_\_No  
 If yes, please give the name of the district, the date, and the reasons for the termination. \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

List five most recent references. Include superintendents, principals, and supervisors for whom you have worked who have firsthand knowledge of your character, personality, and scholarship. In addition, a college placement folder is desired.

NAME	POSITION	ADDRESS	ZIP	PHONE

Are you related to any member of the M.I.S.D. Board of Trustees?  Yes  No

\_\_\_\_\_  
 NAME RELATIONSHIP

**VERIFICATION**

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. 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 §22.083 to obtain criminal history record information on applicants for employment. I understand that, if employed, failure to disclose conviction for a felony or for an offense involving moral turpitude may be considered sufficient cause for dismissal. Furthermore, it is understood that this application and records become the property of the Marfa Independent School District which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the Marfa Independent School District.

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SIGNATURE OF APPLICANT

DATE

The Marfa Independent School District is an equal opportunity employer. The Board of Trustees and its agents, officers, and staff members shall not discriminate on the basis of race, age, handicap, color, religion, sex, or national origin in making decisions regarding staff members or students.

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**In the space provided below, please develop one of these statements.**

**1. I chose teaching as a profession because...**

**Or**

**2. I think I could be a contributing and successful member of the MISD staff because...**

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## APPLICANT/VOLUNTEER CONSENT FORM INVESTIGATION AND CRIMINAL HISTORY RECORD SEARCH

### CRIMINAL HISTORY RECORD

The Marfa Independent School District is required by state law to obtain criminal history record information on applicants/volunteers considered for employment or volunteer services with the district (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

### DRIVING RECORD

The district must obtain from the Department of Public Safety a list of convictions for traffic violations and a verification of a valid driver’s license before employing a person whose job requirements include driving a motor vehicle used to transport students and/or district property. The district shall obtain the same information from current employees before making such an assignment.

### APPLICANT/VOLUNTEER INFORMATION

*Please Print*

Name \_\_\_\_\_  
Last First Middle Maiden

Driver’s License/I.D. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Male Female

### APPLICANT CONSENT

I understand that in accordance with Texas Education Code §22.083, school districts are required to obtain a criminal history record on all applicants for employment and that the Texas Department of Public Safety shall be contacted to provide the record.

I hereby authorize the Marfa Independent School District to conduct investigations and inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine my acceptability for employment.

I understand that if employed or approved to volunteer for the Marfa Independent School District, I may be discharged from my position if the district obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the district.

I understand that the information I am providing about age and sex will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
Applicant’s/Volunteer’s Signature Date