

Return to:
 Driscoll ISD
 P.O. Box 238
 Driscoll, TX 78351

DRISCOLL INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PROFESSIONAL POSITIONS
 (Fill in accurately and completely)

PERSONNEL OFFICE USE
 Date Received _____
 Date Withdrawn _____
 Date Renewed _____
 Interviews _____

PERSONAL HISTORY

			Today's Date
Last Name	First	Middle	Social Security Number
Other Name which may appear on official records:			Date Available for Work
Present Address	Street and Number		Telephone
	City	State	Zip Code
Permanent Home Address	Street and Number		Telephone
	City	State	Zip Code
If employed can you furnish proof of age?..... Circle One: Yes No			Business/Office Telephone ()
If employed can you furnish proof of citizenship or declaration of intent?..... Circle One: Yes No			
State law requires all Texas public school districts to run a criminal history check on applicants for employment. Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation)?..... Circle One: Yes No If yes, state the date and nature of the charge, date and court in which you were convicted, and subsequent disposition.			
Check the box which most accurately describes how you first became interested in applying for a job with DISD.			
01 <input type="checkbox"/> Talked to DISD recruiter while living out of state. 02 <input type="checkbox"/> Talked to DISD recruiter while living in Texas 03 <input type="checkbox"/> Applied on my own initiative while living out of state. 04 <input type="checkbox"/> Applied on my own initiative while living in Texas. 05 <input type="checkbox"/> Talked to a current DISD employee. 06 <input type="checkbox"/> Talked to a friend/relative; not a DISD employee.		07 <input type="checkbox"/> Saw an advertisement about DISD. 08 <input type="checkbox"/> I was a student teacher in DISD. 09 <input type="checkbox"/> I previously worked for DISD. 10 <input type="checkbox"/> Placement office of a college or university. <input type="checkbox"/> Other, Specify: _____	

EDUCATIONAL HISTORY

Name of Institution	Location	DATES From	ATTENDED To	Date of Graduation	Level of Degree (BA/MA/Ph.D)	Major	Minor

CERTIFICATES/ENDORSEMENTS/LICENSES

Type of Certificate/Endorsement/License	State	Date of Expiration	Subjects/Grades/Areas covered

POSITION FOR WHICH APPLICATION IS MADE

<input type="checkbox"/> Pre K, Kindergarten	<input type="checkbox"/> All Level – Specify Subject/Grade/Area: _____
<input type="checkbox"/> Elementary – Grade Preference: _____	<input type="checkbox"/> Special Ed: <input type="checkbox"/> Elem <input type="checkbox"/> Mid Sch Areas: _____
<input type="checkbox"/> Middle School – subjects: _____	<input type="checkbox"/> Other – Specify: _____

How many total years of teaching experience do you have? _____	How many total years of experience of you have as an administrator in education? _____
Have you ever worked for the Driscoll Independent School District?..... Circle One: Yes No If yes, last date worked. _____	

AN EQUAL OPPORTUNITY EMPLOYER

TEACHING EXPERIENCE

List in chronological order your entire teaching experience, including student teaching. If additional space is required attach a sheet of paper.

A. STUDENT TEACHING EXPERIENCE

FROM		TO		Name and Address of School (Please list Zip Code)	Name of Teacher With Whom You Did Your Student Teaching	Grade or Subject Taught
Month	Year	Month	Year			

B. OTHER TEACHING IN PUBLIC SCHOOLS (FULL TIME)

FROM		TO		Name and Address of School (Please list Zip Code)	Principal (Full Name)	Grade or Subject Taught
Month	Year	Month	Year			

C. OTHER TEACHING IN PUBLIC SCHOOLS (PART TIME)

FROM		TO		Name and Address of School (Please list Zip Code)	Principal (Full Name)	Grade or Subject Taught
Month	Year	Month	Year			

OTHER WORK EXPERIENCES: PRIVATE SCHOOL, COLLEGE, and NON-TEACHING

FROM		TO		Name of Employer	Address	Kind of Work
Month	Year	Month	Year			

MILITARY SERVICE RECORD

FROM		TO		Branch of Service	Placed Served	Rank
Month	Year	Month	Year			

What is your present military classification? _____
(If appointed, you must file complete military records.)

Check to be sure that you have accounted for all time since your high school graduation, spent in college, in teaching, or in non-teaching occupations.

PROFESSIONAL REFERENCES

List names of four or more references (Superintendent, Principal, Supervisors, College Professors) capable of giving information about your teaching professional work experience and professional preparation. List at least one administrator in each of your teaching or professional positions

Do you have an active file with a college? If so, where? _____

(Fill Out in Full)

Full Name of Reference	Address – Please Furnish Zip Code	Position
Teacher with whom you did student teaching.		

MISCELLANEOUS INFORMATION

What extra-curricular activities are you able to direct?
What instruments do you play? Hobbies and avocational interests
Where have you traveled?
To what professional, social or honorary organizations do you belong?
With what community organizations are you associated?
What high school and college distinctions have been awarded to you?
If elected, do you agree to accept and remain the full school year, sickness alone preventing, unless honorably excused after giving at least thirty days written request for release? <input type="checkbox"/> Yes <input type="checkbox"/> No
If elected, do you expect to be an active participant in the in-service education program of the Driscoll I.S.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
If elected, will you willingly work with student teachers when called upon? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever failed to be re-elected to or been discharged from a teaching position? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Before you will be considered for employment you must send to DISD a complete official college or university transcript showing all work taken prior to this application.

SUPPLEMENTARY INFORMATION IN YOUR OWN HANDWRITING

Use the space below to give additional information about your background, training, experience, and future plans that would be pertinent to your application.

(DO NOT LEAVE BLANK)

IMPORTANT

Before your application will be considered, all information requested on this application must be submitted to the Driscoll Independent School District.

Period of time you would plan to work in Driscoll ISD _____

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. In addition, I authorize the Driscoll ISD to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for employment. ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION. Furthermore, it is understood that this application becomes the property of the Driscoll ISD which reserves the right to accept or reject it. References and personal information which become a part of this record are to be regarded as confidential and shall not be revealed to me.

Signed _____ Date _____
Applicant

**DRISCOLL INDEPENDENT SCHOOL DISTRICT
TEACHER APPLICATION SUPPLEMENT**

Date _____

LAST NAME

FIRST

MIDDLE

DIRECTIONS: Please answer each of the questions given below as best you can. The space provided should be adequate, but if more space is needed please attach additional pages. (Answer in your own handwriting)

1. What do you want to accomplish as a teacher?

2. How will (do) you go about finding out about students' attitudes and feelings about your class?

3. An experienced teacher offers you the following advice, "when you are teaching be sure to command the respect of your students immediately and all will go well." How do you feel about this?

4. How do you go about deciding what it is that should be taught in your class?

5. A parent comes to you and complains that what you are teaching his child is irrelevant to the child's needs. How would you respond?

6. What do you think will (does) provide you the greatest pleasure in teaching?

7. When you have some free time, what do you enjoy doing the most?

8. How do you go about finding what students are good at?

9. Would you rather try a lot of way out teaching strategies or would you rather try to perfect the approaches which work best for you? Explain your position.

10. Do you like to teach with an overall plan in mind for the year, or would you rather just teach some interesting things and let the process determine the results? Explain your position.

11. A student is doing poorly in your class. You talk to her, and she tells you that she considers you to be the poorest teacher she has ever met. What should you do?

12. If there were absolutely no restrictions placed upon you, what would you most want to do in life?

13. Do you have any work experience outside of teaching that you feel will contribute to your effectiveness as a Teacher?

REQUIRED ASSESSMENT INFORMATION FROM REFERENCES

In order to be considered for a position with the Driscoll Independent School District, you must mail the enclosed forms to THREE individuals who can serve as a reference for your work experience. Please follow these instructions carefully:

1. On the front page of each assessment form (top of the page, after the word "TO:") type or print the name of a person who can attest to your professional and personal qualifications, and will serve as a reference. Include their position or job title and their company name.
2. Immediately under the name of the reference, type or print YOUR NAME in the blank provided. In the next blank, type or print the POSITION for which you are applying.
3. Please sign the confidentiality statement directly under the Superintendent's name. This statement assures the person giving the reference that you are allowing them to disclose the requested information and that the information will remain confidential.
4. After preparing the forms as explained above, mail the forms to the THREE individuals you have selected to serve as references.
5. Envelopes should be addressed to:

Driscoll Independent School District
P.O. Box 238
Driscoll, Texas 78351

ASSESSMENT FORMS RETURNED TO YOU WILL BE INVALID.

6. In the designated space on your application, list the name, address and phone number of each person to whom you mailed an assessment form. If you wish, you may list other references, but be sure to clearly indicate which individuals will be completing an assessment form.

IMPORTANT REMINDER: ALL ASSESSMENT INFORMATION RECEIVED BY OUR OFFICE IS CONFIDENTIAL AND WILL NOT BE DISCLOSED TO YOU.

DRISCOLL INDEPENDENT SCHOOL DISTRICT

SS#: _____
 DATE: _____

ASSESSMENT FORM

TO: _____

_____ has applied for the position of _____ in the Driscoll Independent School District. We are asking you to give us your assessment of this person's performance in your situation. Please return this form to the Driscoll Independent School District, P.O. Box 238, Driscoll, Texas 78351.

Sincerely yours,
 Franklin P. White
 Superintendent of Schools

* I have applied for employment with the Driscoll Independent School District. I hereby give the District permission to make inquiries concerning my performance in the past and general character. I agree that the information requested will not become a part of my personnel file if I am employed by the District. I further agree that the information will not be disclosed to me, but it will be treated as confidential by the District. I waive any right to see this information.

 Applicant's Signature

Directions: The following criteria describe professionals who achieve success. Based on performance information, the reference giver should circle the number which most nearly describes the applicant's effectiveness in meeting each of the criteria. In rating, it should be assumed that only about 10% of the professionals on a staff ever reach the "outstanding" level. Percentages are also suggested for the other levels on the scale. (For inexperienced professionals, the assessment should be made in terms of the normal competency levels of those entering the education profession.)

COMPETENCIES	10% Outstanding	20% Strong	40% Good/ Expected	20% Minimally Acceptable	10% Unacceptable	Not Applicable
I. INSTRUCTIONAL STRATEGIES						
A. Provides opportunities for students to participate actively and successfully.	5	4	3	2	1	0
B. Evaluates and provides feedback on student progress during instruction.	5	4	3	2	1	0
II. CLASSROOM MANAGEMENT AND ORGANIZATION						
A. Organizes materials and students.	5	4	3	2	1	0
B. Maximizes amount of time available for instruction.	5	4	3	2	1	0
C. Manages student behavior.	5	4	3	2	1	0
III. PRESENTATION OF SUBJECT MATTER						
A. Teaches for cognitive, affective, and/or psychomotor learning and transfer.	5	4	3	2	1	0
B. Presents information accurately and clearly.	5	4	3	2	1	0
C. Uses acceptable communication skills.	5	4	3	2	1	0
IV. LEARNING ENVIRONMENT						
A. Uses strategies to motivate students for learning.	5	4	3	2	1	0
B. Maintains supportive environment.	5	4	3	2	1	0
V. GROWTH AND RESPONSIBILITIES						
A. Plans for and engages in professional development.	5	4	3	2	1	0
B. Interacts and communicates with parents.	5	4	3	2	1	0
C. Complies with policies, operating procedures, and requirements.	5	4	3	2	1	0
D. Promotes and evaluates student growth.	5	4	3	2	1	0

(Over)

VI. GENERAL EVALUATIVE STATEMENT

Please use this space to give additional information about the applicant.

RECOMMENDATION

WOULD YOU RECOMMEND THIS APPLICANT FOR EMPLOYMENT?

____ YES ____ NO

SIGNED _____

DATE _____

TITLE _____

ADDRESS _____

IF YOU HAVE ANY QUESTIONS OR ADDITIONAL COMMENTS, CALL THE DRISCOLL INDEPENDENT SCHOOL DISTRICT AT
(361) 387-7349 – FAX (361) 387-7349 EXT. 109

