

APPLICATION

Maypearl Independent School District

Date Received: _____
 Certification: _____
 Transcript: _____
 Continuing Education: _____

This application will remain INACTIVE, until complete transcript(s) and a copy of your teaching certificate have been received.

P.O. Box 40
 300 Panther Lane
 Maypearl, TX 76064

Phone: (972) 435-1000
 Fax: (972) 435-1001

Business Office: _____
 Principal: _____
 Business Manager: _____
 Asst. Superintendent: _____
 Superintendent: _____
(For Office Use Only)

"A Superior Learning Community"

NAME: _____ Soc. Sec. No. _____
Last First Middle

PRESENT ADDRESS: _____ Phone (____) _____
Number Street A/C

_____ Business (____) _____
City State Zip A/C

PERMANENT ADDRESS: _____ Former MISD employee?
Number Street Yes No
 If yes, when? _____
City State Zip

POSITIONS FOR WHICH APPLYING

- A. Type(s) of Certificate(s) held:
- Valid permanent Texas (Date: ____/____/____) Valid other state(s): _____
 Valid Standard Texas (Date Issued : ____/____/____) Texas One Year (issued: ____/____/____)
 Will receive Texas certification upon graduation No Yes, for the school year(s) _____
 Degree, no certification; Current Degree Plan _____ NO _____ YES
 None

B. Check all appropriate boxes: (Check only ones for which you are certified and applying)

Secondary Teacher Elementary Teacher Other Positions: Elem. Jr. High Sr. High

- Teaching Field(s) Preference(s): (Please Number)
1. _____ Kdg. Librarian Special Education Teacher
 Diagnostician Speech Therapy
2. _____ Grade 1-6 Grade 4-8 Paraprofessional
- Jr. High Sr. High Counselor Nurse Administrative / Mid Management
 Position: _____
- Bilingual ESL. List Grade Preferences _____
- Coach- Sports _____

Other- Extra: _____

PERSONAL STATEMENTS

PLEASE ANSWER TWO OF THE FOLLOWING QUESTIONS WHICH INTEREST YOU ON AN 8 1/2" X 11" PAPER IN YOUR OWN HANDWRITING. ALSO, YOU MAY GIVE US ANY ADDITIONAL INFORMATION THAT YOU FEEL MIGHT HELP US BECOME BETTER AQUAINTED WITH YOUR PERSONAL QUALIFICATIONS.

1. What do you feel are your strongest assets relative to the position for which you are applying?
2. Write a short paragraph describing your philosophy of education.
3. How do you plan to use evaluative findings (including student academic achievement data) to gauge your professional effectiveness?
4. What are some strategies that you will use to assure success when preparing students for TAKS, AP tests, SAT, ACT or graduation?
5. Describe some appropriate and effective techniques to encourage community and parental involvement in a successful academic program.

I hereby certify that all information given in the application is true and correct, and I understand that misstatements of material facts may not only result in my disqualification from employment, but may also be considered for dismissal from the service of Maypearl Independent School District. Furthermore, if elected, I agree to accept the assignment to the building and employment as made by the Board of Education or its designee. I hereby authorize the District to conduct work history, personal reference and police record inquiries to determine my acceptability for employment.

Signature of Applicant

Date

Maypearl Independent School District is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, gender, national origin, age or handicap.

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential

The Maypearl Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/Other

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

Signature _____

Date _____

* This form will be removed from the application and filed separately in the HR office.



MAYPEARL INDEPENDENT SCHOOL DISTRICT
P.O. BOX 40
MAYPEARL, TX 76064
(972) 435-1000 FAX (972) 435-1001

SAFE SCHOOLS PROJECT CONSENT FORM

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE
FCRA (FAIR CREDIT REPORTING ACT)

Date: _____

Last Name First Name MI

Maiden and/or Other Last Names Used

City* County* State*

Date of Birth* Social Security Number** Sex** Race**

I, _____, am an applicant for employment with Maypearl ISD and have been advised that as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONAL FILE.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense?

(Excluding minor traffic violations) YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
 If YES, please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
 If YES, please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
 If YES, please provide an explanation below:

6. Drivers License # _____ State Issued _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE MAY BE GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT THAT EXISTS AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

SIGNED THIS _____ DAY OF _____, 20_____.

Applicant (Print Name) _____

Applicant Signature _____

**Model Job Descriptions
Human Resource Services**

Teacher
Rev. 6/5/2003

6. Work cooperatively with special education teachers to modify curricula as needed for special education students according to guidelines established in Individual Education Plans (IEP).
7. Work with other members of staff to determine instructional goals, objectives, and methods according to district requirements.
8. Plan and supervise assignments of teacher aide(s) and volunteer(s).
9. Use technology to strengthen the teaching/learning process.

Student Growth and Development

10. Help students analyze and improve study methods and habits.
11. Conduct ongoing assessment of student achievement through formal and informal testing.
12. Assume responsibility for extracurricular activities as assigned. Sponsor outside activities approved by the campus principal.
13. Be a positive role model for students, support mission of school district.

Classroom Management and Organization

14. Create classroom environment conducive to learning and appropriate for the physical, social, and emotional development of students.
15. Manage student behavior in accordance with Student Code of Conduct and student handbook.
16. Take all necessary and reasonable precautions to protect students, equipment, materials, and facilities.
17. Assist in selection of books, equipment, and other instructional materials.

Communication

18. Establish and maintain open communication by conducting conferences with parents, students, principals, and teachers.
19. Maintain a professional relationship with colleagues, students, parents, and community members.
20. Use effective communication skills to present information accurately and clearly.

Professional Growth and Development

21. Participate in staff development activities to improve job-related skills.
22. Keep informed of and comply with state, district, and school regulations and policies for classroom teachers.

**Model Job Descriptions
Human Resource Services**

Teacher
Rev. 6/5/2003

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23. Compile, maintain, and file all physical and computerized reports, records, and other documents required.
 24. Attend and participate in faculty meetings and serve on staff committees as required.

Supervisory Responsibilities:

Supervise assigned teacher aide(s).

Working Conditions:

Mental Demands/Physical Demands/Environmental Factors:

Maintain emotional control under stress. Frequent standing, stooping, bending, pulling and pushing. Move small stacks of textbooks, media equipment, desks, and other classroom equipment.

The foregoing statements describe the general purpose and responsibilities assigned to this job and are not an exhaustive list of all responsibilities and duties that may be assigned or skills that may be required.

Approved by _____ Date _____

Reviewed by _____ Date _____

Maypearl Independent School District
Applicant Information Record

APPLICANT: Please complete this form.

Name: Last	First	MI	Date
Social security number (optional last four digits)	Home Phone		Other phone or cell phone
_____ - _____ - _____	() ()		() ()
Address: Street	City	State	Zip
This address is usable through (Date)			
University			
Degree(s) – received or anticipated			
Certification – in which state(s)		Date(s) received or anticipated	
Certification teaching fields – current or anticipated			
(1)	(2)	(3)	Place of interview
GPA (overall)	Full-time teaching or administrative experience		
(Number of years)			
Position(s) (subjects and/or grades) desired – in order of preference			
(1)	(2)	(3)	

Do you fluently speak a language in addition to English? _____ If yes, please specify: _____

If you are interested in coaching or working with student organizations, please indicate areas: _____

What was first point of contact for employment with Maypearl ISD? _____

Earliest date that you will be available for employment: _____