



# COAHOMA INDEPENDENT SCHOOL DISTRICT

## PROFESSIONAL APPLICATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE SOCIAL SECURITY NO.

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

UNTIL \_\_\_\_\_, 20\_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PERMANENT ADDRESS  
(IF DIFFERENT) \_\_\_\_\_  
STREET CITY STATE ZIP

PLEASE LIST INDIVIDUAL WHO WILL KNOW YOUR WHEREABOUTS:

\_\_\_\_\_  
NAME ADDRESS ( ) PHONE

### POSITION DESIRED

**ELEMENTARY** PREFERENCE OF ASSIGNMENT BY GRADE

\_\_\_\_\_  
1ST CHOICE 2ND CHOICE 3RD CHOICE

**SECONDARY** PREFERENCE OF ASSIGNMENT: LIST GRADE LEVEL(S) [7-12] AND SUBJECT AREA OF EACH CHOICE

\_\_\_\_\_  
1ST CHOICE 2ND CHOICE 3RD CHOICE

**OTHER** [ADMINISTRATION, SUBJECT COORIDNATOR, COUNSELOR, LIBRARIAN, NURSE ETC.]

\_\_\_\_\_  
1ST CHOICE 2ND CHOICE 3RD CHOICE

### APPLICANT'S STATEMENT

I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any false statements in this application will be sufficient reason for dismissal from, or refusal of, employment. I hereby authorize Coahoma Independent School District to contact the references listed on this application. I agree that all information obtained from the references contained herein shall be confidential and shall not be made available to me. I also authorize CISD to obtain any criminal history record information relevant to this application for any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety as well as the Texas Department of Corrections to furnish the Coahoma Independent School District any such record.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

***Return with copies of transcripts and teaching certificate to:***

**Coahoma Independent School District  
P.O. Box 110  
Coahoma, Texas 79511**

All employment and promotion practices of the Coahoma Independent School District are free from discrimination against employees or applicants on the basis of race, color, national origin, sex, handicap, or age.



### EDUCATION

HIGH SCHOOL	LOCATION	YR. GRAD.	HONORS AND ACHIEVEMENTS		
COLLEGE OR UNIVERSITY ATTENDED	LOCATION	DATES ATTENDED	YEAR GRAD.	DEG.	NAME USED IF DIFFERENT FROM CURRENT NAME

MAJOR FIELDS	SEM. HOURS	MINOR FIELDS	SEM. HOURS
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SUBJECTS OF AT LEAST 12 SEM. HOURS. (NOT EDUCATION) \_\_\_\_\_

### TEACHER CERTIFICATION

STATE ISSUING CERTIFICATE: \_\_\_\_\_ CERTIFICATE NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_

TEACHING FIELDS & ENDORSEMENTS: \_\_\_\_\_

\_\_\_\_\_

IF YOU DO NOT HAVE A TEACHING CERTIFICATE, HAVE YOU APPLIED? \_\_\_\_\_

IF YES, WHEN DO YOU EXPECT TO RECEIVE IT? \_\_\_\_\_

HAVE YOU EVER TAUGHT ON A PERMIT? \_\_\_\_\_ IF SO, WHICH SCHOOL DIST.?.? \_\_\_\_\_

WHEN? \_\_\_\_\_ WERE THE DEFICIENCIES REMOVED? \_\_\_\_\_

One of the contingencies for employment in this school district is holding a valid Texas Teaching Certificate. Out-of-state certificates must be valid for conversion to a Texas Teaching Certificate. It is your responsibility to inform the Personnel Office of a certification deficiency and of arrangements to remove the deficiency. Termination of your employment with this school district could result from failure to remove deficiency from your certificate status.

### STUDENT TEACHING

SCHOOL & LOCATION	SEM. & YR.	SUBJECTS AND/OR GRADES TAUGHT	NAME & ADDRESS OF COOPERATING TEACHER

Name and address of University Supervisor: \_\_\_\_\_

\_\_\_\_\_

## **STATEMENT OF PHILOSOPHY**

Please use the space provided below to explain your views on education, as well as to amplify any information concerning training, experience, and professional qualifications. Statement must be handwritten.