

Application of \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

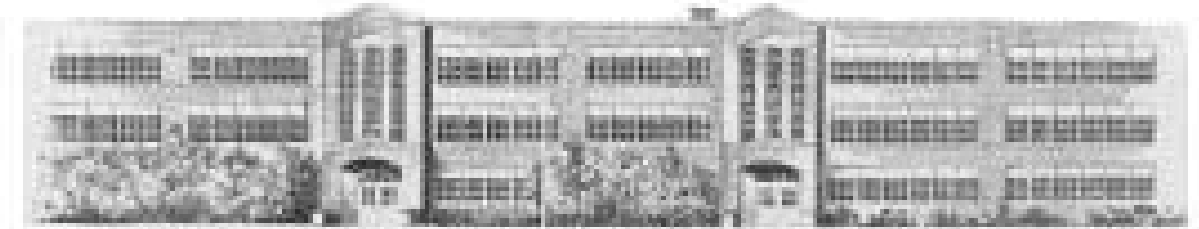
\_\_\_\_\_  
(Present Position/Occupation)

Position desired \_\_\_\_\_

\_\_\_\_\_  
(Indicate preference by order grades/subjects are listed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**Archer City ISD**  
*Traditions of Excellence*

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Condition of health for past 2 years? \_\_\_\_\_

Any other physical defects that may affect you performing normal duties as a teacher or desired position? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Give full and accurate data regarding your educational development.

<b>Educational/Professional Training</b>	<b>School or Institution – Name</b>	<b>Course</b>	<b>Degree or Diploma</b>	<b>Credits/Hours Received</b>
	<b>High School</b>			
	<b>College or University</b>			
	<b>Graduate Work</b>			
	<b>Special/Other</b>			

Give full and accurate data regarding your teaching experience.

Teaching Experience	Name of School or Institution – Location	Grades or HS Subjects Taught	Dates	No. of Months

Do you hold a valid Texas teaching certificate? \_\_\_\_\_

If so, is professional development required to maintain the certificate? \_\_\_\_\_

If so, are you current in your professional development hours? \_\_\_\_\_

List your teaching certifications for specific subjects including grade levels:

---

---

What other special certifications do you hold and maintain? (Ex. Gifted/Talented)

---

---

---

What academic or professional honors have you received?

---

---

Check any of the following in which you are able to direct or coach successfully:

<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Basketball	<input type="checkbox"/> PALs (Peer Assisted Leadership)
<input type="checkbox"/> Football	<input type="checkbox"/> Student Council
<input type="checkbox"/> Golf	<input type="checkbox"/> Other Clubs (please list)
<input type="checkbox"/> Softball	_____
<input type="checkbox"/> Tennis	<input type="checkbox"/> University Interscholastic League Events (please list events below)
<input type="checkbox"/> Track	_____
<input type="checkbox"/> Volleyball	_____

Have you ever served in the armed forces?  If yes, what branch? \_\_\_\_\_

When could you begin work at Archer City ISD? \_\_\_\_\_

List at least three references, including superintendents and principals under whom you have worked and who have first-hand knowledge of your character, personality, scholarship, and teaching ability.

References	Name	Address	Phone Number	Official Position
	1.			
	2.			
	3.			

A letter may be attached with additional information that will give us a more complete estimate of your training, experience, character and ability. Copies of testimonials may also be included.

This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. Completed application and other attachments should be returned to the Superintendents office at P. O. Box 926, 600 S. Ash Street, Archer City, TX 76351. All applications are kept on file for one year from the date received unless the applicant sends written notice to extend this period of time.

**We assure equal opportunity for all applicants. All policies regarding employment will be administered without regard to race, color, creed, religion, national origin, age, handicap, sex or marital status.**