

Jimmy Wyble  
Executive Director of Personnel

**DO NOT FAX**

Cathy Rosas 409-989-6282	Secretary		Sharon Garcia 409-989-6251	Clerk
Annette Frank 409-989-6241	Certification Analyst		Cathryn Collins 409-989-6245	Certification Analyst
Alma Lafleur LeBlanc 409-989-6246	Substitute Teacher Specialist		Linda Frioux 409-989-6252	Benefits Analyst

**The following items must be on file before your application can be processed**

- 1. Completed Application**
- 2. Résumé**
- 3. Letter of interest for each desired position**
- 4. Copy of college transcript(s) (original needed upon employment)**
- 5. Texas Teaching Certificate**
- 6. If you are not certified proof of enrollment in an education preparation program including a deficiency plan or progress report.**

**Out-of-State Professional without Valid Texas Certificate**

1. A valid Texas teaching certificate is a pre-requisite for employment.
2. Teachers who hold a valid certificate outside the state of Texas will need to get his/her information evaluated by the State Board for Educators Certification  
Address: State Board for Educator Certification, 1001 Trinity, Austin, Texas, 78701,  
Web Address: [www.sbec.state.tx.us](http://www.sbec.state.tx.us) Phone Number: 1-888-863-5880
3. Teachers who hold a valid certificate from another state and meet Texas elementary or secondary requirements may teach on a one-year certificate.
4. Upon successful completion of the appropriate ExCET or TExES test(s), your permanent certificate requirements will be met.

**Selection of Professionals for Employment**

PAISD seek professionals who are dedicated to teaching and working with youth; who are professional, strive for self-improvement, attempt worthwhile creative projects and enjoy motivating youth. The PAISD Board of Trustees subscribes to the tenet that an outstanding education program in this District is dependent upon the employment and retention for the best-qualified professional personnel. Selection of professional personnel shall be based on

1. Certification by the Texas Education Agency.
2. Quality of past training and/or experience.
3. Demonstration of professional competencies.
4. Suitability for the position as it relates to present staff, instruction program and building organization for subject or grade level.

All applicants must have an interview with a member of the administrative staff before receiving a final appointment. An applicant selected for employment will be notified by the Personnel Department. All professional are employed subject to approval of the Board of Trustees.

**To view our vacancies and other information about PAISD please visit [www.paisd.org](http://www.paisd.org)**



Personnel Department  
 733 5<sup>th</sup> Street  
 Port Arthur, TX 77641-1388

**Application Certified/Licensed/Professional**

Please type or print all information in blue or black ink. Do not write "see resume" on any portion of application.

**DO NOT FAX**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, and marital or veteran status.  
**PAISD IS AN EQUAL OPPORTUNITY EMPLOYER**

(Please Print or Type)

**Submission of application does not guarantee that the applicant will be interviewed.**

**Personal Information:**

**Legal Name** (Name must be as it appears on social security card)

Last Name                                      First Name                                      Middle Name                                      Social Security Number

**Address**

Street or PO Box                                      City                                      State                                      Zip Code

**Telephone Numbers**

Home                                                                                      Cell                                                                                      Business

**Email Address** \_\_\_\_\_

**Please list a contact person below in case we are not able to reach you at the phone numbers above**

**Name** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Check the Grade Level, the location(s), all positions for which you are applying.**

Elementary Schools	Middle Schools	High Schools	Other Positions
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Administrator
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Counselor
<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Diagnostician
<input type="checkbox"/> Grade 2	<input type="checkbox"/> English	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Librarian
<input type="checkbox"/> Grade 3	<input type="checkbox"/> Reading	<input type="checkbox"/> English	<input type="checkbox"/> Nurse
<input type="checkbox"/> Grade 4	<input type="checkbox"/> ESL	<input type="checkbox"/> Reading	<input type="checkbox"/> Speech Pathologist
<input type="checkbox"/> Grade 5	<input type="checkbox"/> Math	<input type="checkbox"/> Public Spk	<input type="checkbox"/> NJROTC
<input type="checkbox"/> Bilingual	<input type="checkbox"/> Science	<input type="checkbox"/> Math	
<input type="checkbox"/> Music/Band	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Science	
<input type="checkbox"/> P E	<input type="checkbox"/> Theater Arts	<input type="checkbox"/> Social Studies	
<input type="checkbox"/> Special Ed.	<input type="checkbox"/> Dance	<input type="checkbox"/> Special Ed.	
	<input type="checkbox"/> PE	<input type="checkbox"/> Foreign Lang.	
	<input type="checkbox"/> Music/Band	<input type="checkbox"/> Business	
	<input type="checkbox"/> Foreign Lang.	<input type="checkbox"/> Art	
	<input type="checkbox"/> Special Ed.	<input type="checkbox"/> Band/Choir	
		<input type="checkbox"/> Home Ec.	

**Positions not Listed Above**

Other:	Other:	Other:
Other:	Other:	Other:

**Texas Certification Information**  
 (Please attach a copy of certificate.)

Do you hold a valid Texas Teaching Certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Certificate	Certification Area	Issued	Expired

**Positions Requiring a Texas License (Psychologists, Speech Therapist, Nurses, etc...)**  
 (Please attach a copy of license.)

Type of License	License Number	Date Issued	Date Expired

**Out-of-State Certified**  
 (Please attach a copy of certificate)

Do you hold a certificate from another state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

Type of Certificate	Certification Area	Date Issued	Date Expired

**Note:** If out-of-state certified, please include a copy of your certificate (front and back).  
 All out-of-state certificate holders must take and pass all required Texas exams during the  
**FIRST YEAR OF EMPLOYMENT** in order to be considered for continued employment with PAISD.  
 Address: State Board for Educator Certification, Phone Number: 1-888-863-5880  
 1001 Trinity Austin, Texas, 78701 Web address: [www.sbec.state.tx.us](http://www.sbec.state.tx.us)



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**EDUCATION**

Name of College	State	To	From	Degree/Major

**REFERENCES**

Position You Held	Reference Name	Business Name	Phone #	Dates	
				From	To

**Release of Personal Information Pursuant to the Texas Public Information Act**

Section 552.024 of the Government Code provides that employees and former employees of PAISD may choose whether to allow public access to personal information including: (1) home address, (2) home telephone number, (3) social security number, and (4) information that reveals whether the person has family members. If the employee or former employee does not specify in writing that such information is not to be released, then it is subject to public access.

Note: Although the above information may be restricted from public access, it may still be used by the district for legitimate business reasons.

\_\_\_\_ **Yes, I am allowing PAISD to release my personal information** (1) home address, (2) home telephone number, (3) social security number, and (4) information that reveals whether the person has family members.

Name (please print)	Home Phone #	Signature	Date
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\_\_\_\_ **No I am not allowing PAISD to release my personal information.** (1) home address, (2) home telephone number, (3) social security number, and (4) information that reveals whether the person has family members.

Name (please print)	Home Phone #	Signature	Date
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**General Information**

Have you ever worked for this district before in any capacity  Yes  No  
If yes, what position? \_\_\_\_\_

Do any members of your immediate family or other relatives serve on the PAISD Board of Trustees?  Yes  No  
If yes, please give the name of the trustee and the relationship. \_\_\_\_\_

Do you have any relative(s) working for PAISD  Yes  No  
If yes, please give name(s), position(s), location(s) and relationship. \_\_\_\_\_

Are you are Retiree from the Teacher Retirement System?  Yes  No

**Criminal History Inquiry**

Moral turpitude is an act of baseness, vileness, depravity in the private and social duties which a person owes another member of society and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, attempted theft, murder, rape, swindling and indecency with a minor.

Have you ever been convicted of a felony or any offense involving moral turpitude?  Yes  No  
If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony or any offense involving moral turpitude and received deferred adjudication or probation?  Yes  No  
If yes, please explain: \_\_\_\_\_

Conviction of a crime is not an automatic bar of employment. The District will consider the nature of the offense and the relationship between the offense and the position for which you are applying.

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

\_\_\_\_\_  
Signature of Applicant



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### CRIMINAL RECORD RELEASE AUTHORIZATION

House Bill 1498, 71<sup>st</sup> Legislature requires school district to obtain criminal history record information that relates to an applicant for employment/volunteering.

I hereby authorize any and all law enforcement agencies to release any and all criminal history that I may have to the Port Arthur Independent School District.

I understand that the only purpose of obtaining such information is for the evaluation of for volunteering or chaperoning in the Port Arthur Independent School District.

**(PLEASE PRINT AND COMPLETE ALL INFORMATION IN BLUE OR BLACK INK)**

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

Address \_\_\_\_\_  
Number/P.O. Box City State Zip

Phone Number (include area code) \_\_\_\_\_

School/Department \_\_\_\_\_  
(List school or department if volunteering)

Ethnicity (Race) \_\_\_\_\_ Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Date Completed \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE SEND THESE FORMS TO CATHY ROSAS IN PERSONNEL OR FAX TO:  
(409) 983-2733. **ALL INFORMATION MUST BE FILLED OUT IN ORDER TO BE PROCESSED.**

#### FOR OFFICE USE ONLY

APPROVED

NOT APPROVED (SEE FILE)

NOT APPROVED REQUIRES SIGNATURE OF THE DIRECTOR OF PERSONNEL

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Port Arthur Independent School District  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____ NO _____		_____ initial
Purpose of CCH:	_____	
Hired _____ Not Hired _____		_____ initial
Date Printed: ____/____/____		_____ initial
Destroyed Date: ____/____/____		_____ initial
<b>Retain in your files</b>		



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**STATEMENT OF CANDIDACY**

Please provide the district with a statement of your educational philosophy and state reasons you wish to be employed with PAISD

Lined area for writing the statement of candidacy.

Are you aware of any reason you would not be able to perform the essential functions of the position for which you are making applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided on this application is to the best of my knowledge true, accurate and complete. Any misrepresentation or willful omission of facts shall be a sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it.

\_\_\_\_\_  
Signature of Applicant