



<u>Jimmy Wyble</u> <u>Director</u>			
<u>DO NOT FAX</u>			
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 409-989-6253		Position Mgmt. Specialist/Substitute Teacher Specialist	

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

1. Completed Application
2. Resume
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 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



Personnel Department
733 5th 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 _____ Driver’s License Number _____ State _____

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

Name _____ Telephone Number _____

Positions Applying For

Check all positions for which you are applying

Elementary School Teacher

Middle School Teacher

High School Teacher

- _____ Pre-K – K
- _____ Grade 1
- _____ Grade 2
- _____ Grade 3
- _____ Grade 4
- _____ Grade 5
- _____ Bilingual
- _____ Music/Band
- _____ Physical Ed.
- _____ Special Ed.

- _____ Grade 6
- _____ Grade 7
- _____ Grade 8
- _____ Music/Band
- _____ Foreign Language
- _____ Special Education

- _____ Grade 9
- _____ Grade 10
- _____ Grade 11
- _____ Grade 12
- _____ Music/Band
- _____ Foreign Language
- _____ Special Education

_____ Subject Area 1

_____ Subject Area 1

_____ Subject Area 2

_____ Subject Area 2

_____ Subject Area 3

_____ Subject Area 3

Support Personnel

- _____ Administrator
- _____ Counselor
- _____ Diagnostician
- _____ Librarian

- _____ Nurse
- _____ Speech Pathologist
- _____ ROTC

_____ Other 1

_____ Other 2

_____ Other 3



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

Do you hold a valid Texas Teaching Certificate? _____ Yes _____ No

Type of Certificate	Certification Area	Date Issued	Date Expired

Positions Requiri ng 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 ba ck).
 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,
 1001 Trinity Austin, Texas, 78701

Phone Number: 1-888-863-5880

Web address: www.sbec.state.tx.us



Professional Preparation

Are you presently under contract with another school district? _____ Yes _____ No

If yes, when does the contract expire? _____

Total Years of Creditable Teaching Experience (as provided by service records) _____

Have you completed and passed all testing requirements for a Texas Teaching Certification? _____

If no, what tests are you lacking to complete Certification? _____

_____ Yes _____ No I am currently student teaching or I have just completed student teaching.
 If yes, send a copy of your most recent transcript.
(An original transcript with the degree posted is required if hired.)

_____ Yes _____ No I have been accepted in an education preparation program.
 If yes, include a copy of your acceptance letter from the program.

EDUCATION

Name of College	State	To	From	Degree/Major



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Teaching or Student Teaching Experience

(List most recent experience first.)

School District				School		Phone Number	
Street or PO Box			City		State	Zip Code	
Supervising Administrator/Teacher				Position including grade taught			
Length of service in years		Hire Date		End Date		Reason for Leaving	
School District				School		Phone Number	
Street or PO Box			City		State	Zip Code	
Supervising Administrator/Teacher				Position including grade taught			
Length of service in years		Hire Date		End Date		Reason for Leaving	
School District				School		Phone Number	
Street or PO Box			City		State	Zip Code	
Supervising Administrator/Teacher				Position including grade taught			
Length of service in years		Hire Date		End Date		Reason for Leaving	



General Information

Have you filed an application with PAISD before?

If yes, Date: _____ Month _____ Year Interviewed by _____

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), and location(s) _____

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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Reference Sheet

Applicant Name _____

Reference Name _____

Reference Address _____

Reference City/State/Zip _____

Employment Dates From _____ To _____

Position Held _____

Job Duties _____

I have placed my application for a position as _____ with the Port Arthur Independent School District. I approve the release of the information requested below. I recognize that the information will be confidential and waive all of my rights of inspection as permitted by Section 99.7 of PL 93380.

Mail to the Human Resource Department, Port Arthur ISD, P.O. Box 1388, Port Arthur, TX 77641-1388. I have included postage.

	Excellent	Very Good	Average	Fair	Poor
Quality of Work Work Produced meets standards of quality.					
Quantity of Work <i>Volume of passable work produced.</i>					
Dependability <i>Report on time, stay on job, and perform duties.</i>					
Attitude <i>Interest and enthusiasm: cooperates with others.</i>					
Job Knowledge <i>Possession of information and understanding.</i>					
Judgment <i>Ability to decide correct course of action.</i>					
Initiative <i>Ability to generate useful ideas.</i>					
Overall Performance Rating					

Would you reemploy this person? Yes _____ No _____

Date _____ Signature _____

Position _____



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Reference City/State/Zip _____

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	Excellent	Very Good	Average	Fair	Poor
Quality of Work Work Produced meets standards of quality.					
Quantity of Work <i>Volume of passable work produced.</i>					
Dependability <i>Report on time, stay on job, and perform duties.</i>					
Attitude <i>Interest and enthusiasm: cooperates with others.</i>					
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Overall Performance Rating					

Would you reemploy this person? Yes _____ No _____

Date _____ Signature _____
 Position _____



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Reference Name _____

Reference Address _____

Reference City/State/Zip _____

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Position Held _____

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Initiative <i>Ability to generate useful ideas.</i>					
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Would you reemploy this person? Yes _____ No _____

Date _____ Signature _____
 Position _____



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CRIMINAL RECORD RELEASE AUTHORIZATION

House Bill 1498, 71st 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(s) _____

Location _____
(If volunteer, list campus)

Ethnicity (Race) _____ Gender Male _____ Female _____

Date of Birth _____ Social Security # _____ - _____ - _____

Driver's License or State ID # _____

Date Completed _____ Signature _____

PLEASE SEND THESE FORMS TO CATHY ROSAS OR SHARON GARCIA IN THE DEPARTMENT OF PERSONNEL.
ALL INFORMATION MUST BE COMPLETED.

FOR OFFICE USE ONLY

APPROVED

NOT APPROVED (SEE FILE)

NOT APPROVED REQUIRES SIGNATURE OF THE DIRECTOR OF PERSONNEL

**** PLEASE DO NOT FAX ****

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

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

____/____/____
Date

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