

Agua Dulce Independent School District
Wayne Kelly, Superintendent of Schools
P. O. Box 250 1 Longhorn Drive
Agua Dulce, Texas 78330
wkelly@adisd.net
Main Number 361-998-2542 Facsimile 361-998-2816

Dear Applicant:

The Agua Dulce Independent School District is currently seeking qualified teachers who are interested in becoming a part of an exemplary school system. The school district has continued to experience success in both academic and extra-curricular programs. The recent completion of the new high school complements the other modern district buildings. The class size for all grades and subjects is well below the area and state average.

Parental support and community involvement add to the positive climate that exists in the school district. Students who attend school in Agua Dulce continue to be very respectful of adults and teachers and demonstrate pride in their academic studies.

For you to be considered for employment, a file will be created and become active when the following credentials are received.

1. A completed Agua Dulce ISD Application for Professional Position
2. A photocopy of a valid teaching certificate and/or recent graduate letter of authorization
3. A photocopy of your transcripts (unofficial copies are acceptable)
4. A signed authorization to check criminal history
5. Two letters of recommendation, one of which must be from the immediate supervisor
6. A copy of your resume or vita
7. Three completed Reference Forms

When a position becomes available, all active files are considered. If an interview is desired, you will be contacted by mail or phone by the campus principal. Your file will remain active for one school year.

I have included a teacher application with this letter and urge you to call or visit the campuses at Agua Dulce ISD.

If you have questions about the application process, please call the Office of the Superintendent at 361-998-2542 and ask for Tracy Quinney.

Professionally,

Wayne Kelly
Superintendent of Schools
Agua Dulce Independent School District

An Equal Opportunity Employer
PROFESSIONAL APPLICATION
AGUA DULCE INDEPENDENT SCHOOL DISTRICT
P.O. Box 250
Agua Dulce, TX 78330
361. 998. 2542
361. 998. 2816 (Fax)

Date Received: _____
Certification: _____
References: _____
Interview Date: _____
Date Renewed: _____



Application will be kept active for one year.

(For Office Use Only)

NAME _____
 Last First Middle

Soc. Sec. No. _____ - _____ - _____

PRESENT ADDRESS

 Number Street

 City State Zip Code

Phone Number (____) _____
 Area

Phone Number (____) _____
 Area

PERMANENT ADDRESS

 Number Street

 City State Zip Code

Former ADISD Employee? Y N
 If yes, when? _____

POSITIONS FOR WHICH APPLYING

- A. Type(s) of Certificate(s) held:**
 Valid Texas (Date issued: __/__/__)
 Will receive Texas Certification upon graduation
 None
- Valid other state(s):** _____
 Texas One Year (Issued: __/__/__)
 Have you ever had a temporary or emergency permit in Texas?
 No Yes, for the school year(s) 19__ - __

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

Secondary Teacher Elementary Teacher

- | | | |
|--|---|-------------------------|
| Teaching Field(s): | Preference(s): (Please Number) | Other Positions: |
| 1. _____ | <input type="checkbox"/> Early Childhood <input type="checkbox"/> Librarian <input type="checkbox"/> Elem. <input type="checkbox"/> Middle <input type="checkbox"/> Sr. Hi. | |
| 2. _____ | <input type="checkbox"/> Kdg. <input type="checkbox"/> Counselor <input type="checkbox"/> Special Ed. <input type="checkbox"/> Speech Therapy | |
| <input type="checkbox"/> Middle <input type="checkbox"/> Sr. Hi. <input type="checkbox"/> Grade 1-6 <input type="checkbox"/> Nurse <input type="checkbox"/> Diagnostician <input type="checkbox"/> Assoc. Psych. | | |
| <input type="checkbox"/> Vocational <input type="checkbox"/> Grade 1-8 <input type="checkbox"/> ESL <input type="checkbox"/> Administrative/Mid Management Position: _____ | | |
| <input type="checkbox"/> Coach - Sports: _____ | Other - Extra: _____ | |

EDUCATION

Highest Educational Level Attained: Bachelor's degree Master's degree Doctor's degree

High School Completed: _____ Date: _____ Location: _____
City State

College Work

Institution Name	Location		Attendance Dates				Degree	Date Earned	Major(s)	# Hrs	Minor(s)	# Hrs
	City	State	From Mo	From Yr	To Mo	To Yr						

OTHER PERSONAL INFORMATION

Are you related to a member of the ADISD School Board? Yes No

If "Yes" whom? _____ Relationship _____

Do you lose time from work because of (1) poor health, (2) family demands, (3) other Yes No

If "Yes" explain and give number of days absent. _____

Have you ever been discharged or caused to resign from a previous position? Yes No

If "Yes" explain: _____

Have you ever had a teaching contract nonrenewed or terminated? Yes No

If "Yes" explain: _____

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

Have you ever been convicted of a misdemeanor (or other than traffic violation) or felony? Yes No

If "Yes" explain: _____

What type of extra school activities would you be willing to direct? _____

EMPLOYMENT OUTSIDE OF EDUCATION

List dates in chronological order

Dates		Type of Work	Name of Company	Address
From	To			

PERSONAL STATEMENTS

Please answer the following questions. Also, if you wish, you may give us any additional information which you feel might help us become better acquainted with your personal and professional qualifications.

1. What do you feel are your strongest assets relative to the position for which you are applying?

2. Briefly state your philosophy on student assessment.

3. How do you see the role of the school administrator in relation to the teacher?

I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes property of the Agua Dulce Independent School District which reserves the right to accept or reject it. I hereby extend the right of the Agua Dulce Public Schools to contact the references listed on this application and to inquire, at their discretion, into my professional background and professional experiences, and I hereby release any member or agent of the district from any liability regarding me, regardless whether said information is in my application or not. I further understand that all information gathered regarding my application will be the property of the school district and will not be released to me.

Date _____ Signature of Applicant _____

No person shall, on the basis of national origin, race, gender, creed, religion, age or handicap, be excluded from participation in, be denied the benefit of, or be subjected to discrimination in employment, or recruitment, consideration or selection for full or part-time professional or non-professional positions in the Agua Dulce Independent School District.

Agua Dulce Independent School District
PO Box 250
Agua Dulce, Texas 78330
361-998-2542
Fax 361-998-2816

_____ has applied for the position of _____
 _____ with the Agua Dulce Independent School District.

Please give us your opinion of the candidate's personal and professional qualifications as indicated by the items below.
 Thank you.

 Wayne Kelly, Superintendent

To: _____ Date: _____

Applicant should complete the top section of this form before forwarding to reference.

	Clearly Outstanding	Exceeds Expectations	Satisfactory	Below Expectations	Unsatisfactory
General Appearance					
Loyalty and Reliability					
Work Motivation					
Attendance and Punctuality					
Communication Skills					
Decision-Making and Problem-Solving Skills					
Effectiveness as Instructor/Administrator					
Leadership/Management Skills					
Ability to work with others					
Emotional Stability					

Length of Acquaintanceship From _____ to _____

Your Official Relationship to the Applicant _____

Would you employ the applicant for the position desired? _____

Signature _____ Date _____

Official Title _____ Organization _____

Address _____ Telephone # _____

This form should be given (by you) to a person of reference. Please have reference mail this form to Tracy Quinney, Superintendent Secretary, Agua Dulce I.S.D., P. O. Box 250, Agua Dulce, TX 78330.

**AGUA DULCE INDEPENDENT SCHOOL DISTRICT
CONSENT TO PERFORM CRIMINAL HISTORY
BACKGROUND CHECK AND ADVISING OF RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

I am an applicant for employment with the Agua Dulce Independent School District. I have been advised that as a part of the application process, the district conducts a criminal history background check.

I hereby authorize the Agua Dulce Independent School District to obtain any criminal history record information relevant to my application for employment from any pertinent source in accordance with the provisions of the Texas Education code Section 22.083. I also understand that the Agua Dulce Independent School District has the authority to notify the Commissioner of Education of any findings in accordance with Texas Education Code Section 22.083. In signing this form, I release the Agua Dulce Independent School District from any liability.

I do hereby consent to the district's use of any information provided during the application process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to offer employment. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

The district has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I understand that if the information prevents the district from offering me employment, I will be provided the name, address, and telephone number of the reporting agency as well as the nature and substance of all information and the source.

Signed this _____ day of _____

Signature of Applicant

Last Name		
Maiden and/or Other Last Names Used	1.	2.
	3.	4.
First Name		
Middle Name		
Date of Birth	Month _____	Day _____ Year _____
Social Security No.	-	-
Drivers License No.		
Gender	Male _____	Female _____
Ethnicity	Black _____	White _____ Hispanic _____ Other _____

List all previous address below:

City/Town	County	State	Dates From	Dates To

1. Have you ever been arrested and/or convicted of a felony? _____ Yes _____ No
2. Have you ever been arrested and/or convicted of any offense involving moral turpitude?

Moral turpitude is an act of baseness, villainous, or depravity in the private and social duties which a person owes another member of society in general and which is contrary to the accepted rule of right and duty between persons, including but not limited to, theft, attempted theft, murder, rape, swindling, and indecency with a minor. _____ Yes _____ No

I understand that any falsification of this information will be sufficient cause for disqualification or termination.

Signature of Applicant

Date

OFFICE USE ONLY	
Date of first inquiry: _____	_____ Signature of Reviewer
Date national search received: _____	
Eligible for employment: _____ Yes _____ No	If no, date Circumvention Letter mailed _____