

Spring Branch Independent School District

Department of Community Education
 9016 Westview
 Houston, TX 77055-4602



APPLICATION

DATE: _____

LEGAL NAME: Miss _____
 Mrs. _____
 Mr. LAST FIRST MIDDLE (JR./III)

Birth Certificate Name: _____
 LAST FIRST MIDDLE (JR./III)

Permanent Address: _____
 NUMBER STREET APT. CITY ZIP

Permanent Telephone Home: _____ Business: _____

Social Security Number _____

Department	First Choice	Second Choice
Department of Continuing Education		

Highest Degree Held _____
 NO. OF YEARS TRAINING EXPERIENCE _____

GENERAL INFORMATION

Name of Spouse _____ Place of Employment _____

Applicant's Date of Birth _____ Place of Birth _____

Marital Status: Circle One Single Married Separated Divorced Widowed

Number of Dependent Children _____ Other Dependents _____

Have you been charged with or convicted of committing a felony? _____ If yes, explain _____

Have you been discharged from a position? _____ If so, specify _____

List three references that might include: Superintendent, Principal, Cooperating Teacher under whom you have taught, Professor, College Placement Folder or Employers.

Name	Complete Mailing Address, Street, City, State, Zip Code	Official Position

Professional and/or Work Experience (List most recent experience first)

Name and Address of Previous Employer	From Date	To Date	Work Area of Special Subject	Reason for Leaving

CERTIFICATION:

1. Please give all information concerning Texas Teacher Certification held:

(a)

TYPE	NO. OF CERTIFICATE	DATE ISSUED
Elementary ()	Junior High ()	High School ()
1st TEACHING FIELD	2nd TEACHING FIELD	3rd TEACHING FIELD

2. Will you need an Emergency or Special Permit to teach in Texas? Yes _____ No _____
3. Will you need a renewal for Emergency or Special Permit? Yes _____ No _____
- (a) Have you taken the necessary hours for a renewal of your Emergency Permit: Yes _____ No _____
4. Do you hold a current, valid certificate from another? If yes, which state _____

It will be the responsibility of the applicant to secure a Texas Certificate from the Texas Education Agency, Austin, Texas, if requested by the Director.

In signing this application, I declare the above information to be correct to the best of my knowledge. I also give approval to contact all references listed. I understand that this application is the property of Spring Branch Independent School District.

When you have completed the application form, please return it to the office of the Director of Community Education.

Joe McDaniel, Director
 Community Education
 9016 Westview
 Houston, TX 77055-4602