

**WEST ORANGE-COVE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

**P.O. Box 1107, 505 North 15<sup>th</sup> Street**

**Orange, Texas 77630**

**Application for Employment/Professional Personnel**

*An Equal Opportunity Employer*

Date \_\_\_\_\_

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

Current Address \_\_\_\_\_  
Street/Box City State Zip Code

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Present Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Former WO-C Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you currently retired: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, from:  TRS  Other \_\_\_\_\_

If Yes, give dates of employment \_\_\_\_\_

Date Available \_\_\_\_\_

**POSITIONS FOR WHICH APPLYING**

Teaching Position Desired	First Choice (Subject and/or Grade)	Second Choice (Subject and/or Grade)

**CERTIFICATION**

**Type(s) of Certification held now:**

- Valid Renewable Texas Certificate Issued \_\_\_\_\_ Expires \_\_\_\_\_
- Other Valid Certificate Issued \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_
- Texas Permit - Expires \_\_\_\_\_
- Not Certified – in Alternate Certification Program  
Do you meet Highly Qualified Standards through testing?  
 Yes  No

**Areas of Certification:**

- EC-4  Counselor  Librarian  Nurse  ESL
- Vocational \_\_\_\_\_  Special Education (Specify) \_\_\_\_\_
- Principal  All-Level (Specify content) \_\_\_\_\_
- 4-8 (Specify content) \_\_\_\_\_  8-12 (Specify content) \_\_\_\_\_

List Subjects with 24 or more hours of credit: \_\_\_\_\_

Has your employment with any Texas school district caused you to be placed on a permit or one-year certificate?

Yes  No

Have you taken and passed all required TExES?

Yes  No

Scheduled to take TExES: \_\_\_\_\_

## EDUCATION

### College Work (Undergraduate)

Name of College or University/Location	Major(s)	Hours	Minor(s)	Hours	Degree	GPA

### College Work (Graduate) Highest Degree Held

Name of College or University/Location	Major(s)	Hours	Minor(s)	Hours	Degree	GPA

List any extracurricular activities you would be willing to direct or assist in directing:

In what ways did you work with children during high school/college years?

## STUDENT TEACHING

Dates				Subject/ Grade Level	Cooperating Teacher	Principal	School District	Address	Phone
From		To							
Mo.	Yr.	Mo.	Yr.						

## TEACHING EXPERIENCE

List all teaching experience.

From		To		Total Yrs.	School District College or Private School Name/Address(City,State,Zip)/Phone	S- Substitute P-Part-time F-Full-time	Grade Level/ Subject Area	Reason For Leaving
Mo	Yr	Mo	Yr					

\*Total

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**GENERAL INFORMATION**

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Do you have a relative who is a member of the West Orange-Cove CISD Board of Trustees?  Yes  No

If yes, please give name of relative and relationship. \_\_\_\_\_

Have you ever been convicted of, pleaded no contendre or received deferred adjudication for a felony or offense involving moral turpitude (including but not limited to, theft, rape, murder, swindling, and indecency with a minor):

Yes  No

If yes, please state where, when, and the nature of the offense \_\_\_\_\_

\_\_\_\_\_  
(Conviction of a felony is not an automatic bar to employment. The WOCCISD will consider the nature, date, and relationship between the offense and the position for which you are applying.)

Are you aware of any reason you would not be able to perform all the duties required of the position for which you are making an application?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you been discharged from or not re-employed in a teaching position during the past five (5) years?  Yes  No

If Yes, where? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever been placed on administrative leave?  Yes  No  
If yes, which district? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

May we contact your present employer?  Yes  No When? \_\_\_\_\_

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**PROFESSIONAL REFERENCES**

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List the most recent employers/organizational managers who are knowledgeable of your work in the classroom, education, etc. Use an additional sheet if necessary.

Employer (District)	Name of Supervisor/ Organizational Manager	Title	Complete Mailing Address	Home/Business Phone Number

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**SERVICE**

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Do you have a placement folder on file at your university?  Yes  No

If yes, please list name and address of university \_\_\_\_\_

List professional activities in which you have participated \_\_\_\_\_

Have you retired from the Teacher Retirement System of Texas?  Yes  No  Regular  Disability

**EMPLOYMENT OTHER THAN TEACHING**

Non-Teaching Experience (List in Chronological order)

From		Employer (Company)	Name of Supervisor	Complete Mailing Address	Phone Number
Mo/Yr	To Mo/Yr				

Have you filed an application with WOCCISD before? Date \_\_\_\_\_

Items required with this application: (Application **WILL NOT** be considered complete unless all of these items are included)

1. Complete application showing degree
2. Transcript(s) (copies acceptable)  
Official transcript(s) upon employment
3. Criminal History Authorization form (included with application)
4. Copy of Texas or Out-of-State Certificate or University  
Statement of Completion
5. Résumé

Personal interviews will be scheduled as needed by the Human Resource Office and campus/department.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsification, misrepresentations or omissions of fact may be sufficient cause for rejection of my application or dismissal from subsequent employment. Furthermore, it is understood that this application and attachments become the property of the West Orange-Cove CISD. WO-C may verify all data given in my application, to include rate of pay, hours worked, and related documents or oral interviews. I authorize such investigation and the giving and receiving of any information requested by WOCCISD. I release from liability any person giving or receiving any such information. The application will remain active for a period of two years from date of submission.

I understand that the West Orange-Cove CISD is required by Texas Education Code 21.917 to obtain criminal history record information on applicants selected for employment.

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

Applications should be returned to: **Human Resource Office  
West Orange-Cove CISD  
P.O. Box 1107  
Orange, Tx. 77631**

**For more information on WOCCISD: [www.woccisd.net](http://www.woccisd.net)**

West Orange-Cove Consolidated Independent School District is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

**DISTRICT USE ONLY**

Criminal History Check Completed \_\_\_\_\_

**INTERVIEW DATA**

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_ Comments: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_ Comments: \_\_\_\_\_

**WEST ORANGE-COVE CONSOLIDATED INDEPENDENT SCHOOL DISTRICT  
P.O. BOX 1107  
ORANGE, TEXAS 77630**

Dear Applicant:

Thank you for completing an application for employment with the West Orange-Cove Consolidated Independent School District. WOCCISD seeks professional staff who are willing and committed to provide “a culture of excellence” in instructional support to our students. We look forward to considering your qualifications for a position to be a part of the WOCCISD district.

Please be aware that acceptance of a completed application by the district does not imply that a vacancy exists or that employment is pending.

Applications must be filled out accurately and completely. Names, dates, and addresses should be provided where requested. Leave no gaps in employment data and provide your signature where indicated. Please provide professional references with both work and home phone numbers.

**APPLICATION INSTRUCTIONS**

If you hold a Valid Texas Teacher Certificate, submit the following to Human Resource:

- Completed professional application
- Résumé
- Copy of valid teacher certificate
- Copy of official college transcript showing your degree(s) and hours earned

Applicants may be contacted for a personal interview for vacancies.

Applications remain active for two years from the date of submission. We are continually seeking highly qualified professionals, and we appreciate your interest in our district.



# SCHOOL DISTRICT

## Criminal History Authorization

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the school district. Therefore, as a part of your application process, you need to complete the following questions:

**(Please Print)**

Last Name  First Name  MI  Jr./Sr. etc...

Social Security Number  -  -  Driver License Number  State

Birth Date (mm/dd/yy)  /  /  Sex (check one)  Male  Female Race (check one)  Hispanic  Black  White/Other

Current Address

City  State  ZIP

For Each Residence In The Last Five Years, List The City, State, and Applicable Dates.

City	State	From (mm/yy)	To (mm/yy)	Last Name (at time of date listed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteers Only - List campuses or programs of interest to you:

Have you ever been convicted of or received deferred adjudication for a criminal offense?  Yes  No

If yes, please indicate the year, location and type of each offense. More facts may need to be discussed later.

Location: (city, state)  Offense:  Last Name:  Year:

I hereby authorize School District and School District's agent(s) to obtain a consumer report on me. School District is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to School District or School District's agent(s).

I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable Federal or State equal employment opportunity laws.

Signature of Applicant  Date

**FOR OFFICE USE ONLY: (Check Only One)**

Employment, Applicant  Substitute Teacher

Student Teacher  Teacher Assistant

Volunteer  Maintenance/Transportation/Food Service

**FOR OFFICE USE ONLY:**

NATIONAL / NCTC EXPANDED

STATE / NCTC IN FILE

School District:

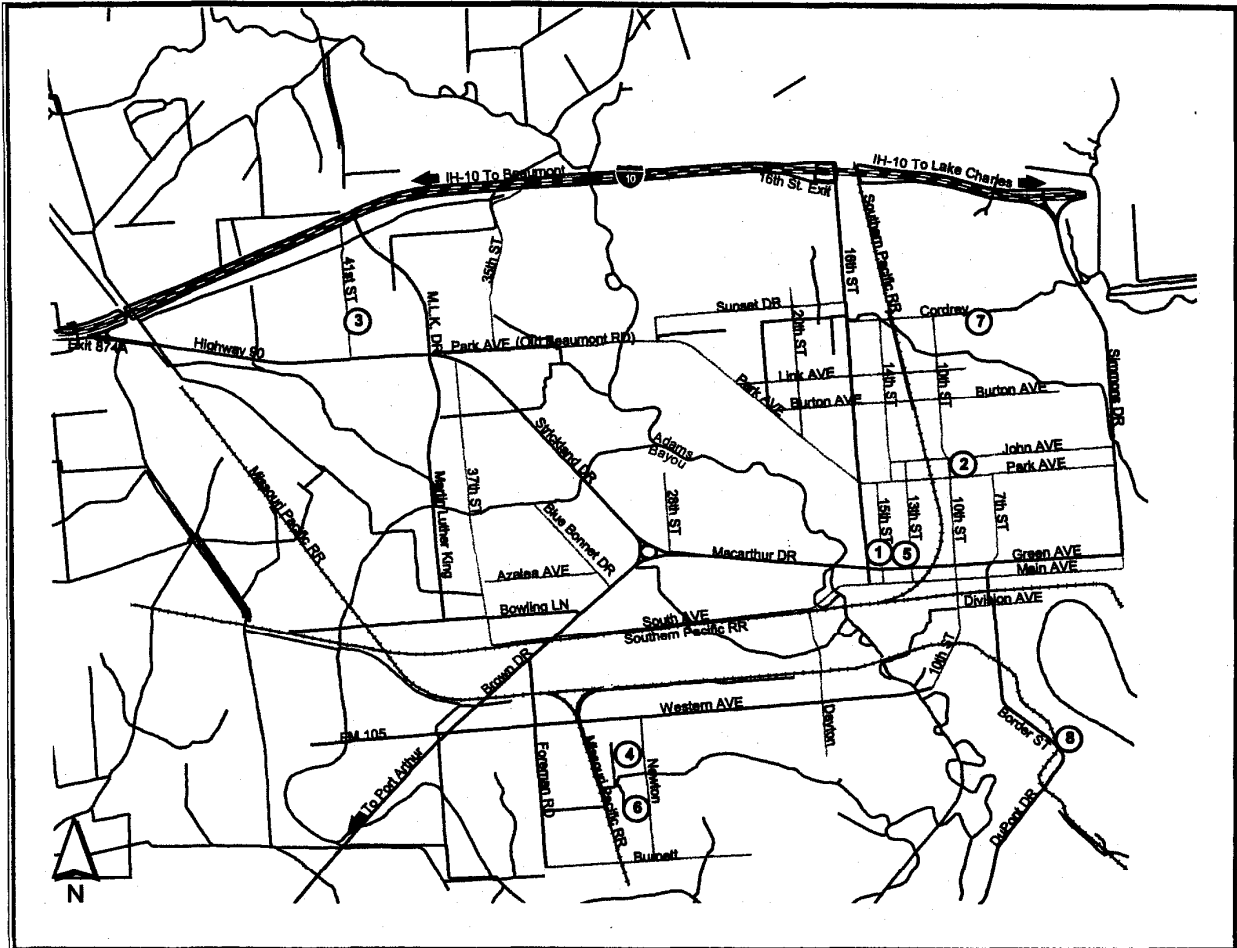


# SCHOOL DISTRICT

## Disclosure To Employment Applicant Regarding Procurement Of A Consumer Report

In connection with your application for employment, we may procure, or cause to be procured, a consumer report (excluding credit information, but including public record information), on you as part of the process of considering your candidacy or status as an employee or volunteer with the School District (ISD). The ISD will use sources including, but not limited to, NCTC, PO Box 3790, Lubbock, TX 79452-3790 and the Texas Department of Public Safety to procure criminal history information. In the event that information from a report is utilized in whole or in part in making an adverse decision with regard to your status as an employee, the ISD will provide you with a copy of the consumer report, as allowed by law, and a written description of your rights under law.

# West Orange Cove C.I.S.D DISTRICT MAP



**1 Administration Building**  
505 North 15th  
(409) 882-5437

**2 Anderson Elementary (K-5)**  
902 West Park  
(409) 882-5424

**3 Bancroft Elementary (K-5)**  
2300 41st Street  
(409) 882-5430

**4 Oates Elementary (K-5)**  
900 Newton  
(409) 882-5540

**5 WO-S Middle (6-8)**  
500 North Thirteenth  
(409) 882-5520

**6 WO-S High (9-12)**  
Career Center  
Print Shop  
1400 Newton  
(409) 882-5570

**7 North Early Learning Center**  
801 Cordrey  
(409) 882-5434

**8 Parent Resource Center**  
Buildings/Grounds/  
Maintenance  
Special Education Dept.  
Technology Department  
Warehouse  
Food Service  
1109 South Border Street  
(409) 882-5400