

Employment History

List most recent work experience first.

Are you currently employed? _____

<i>To / From (Mo. & Yr.)</i>	<i>Name of Employer Address, City, State, Zip</i>	<i>Name of Supervisor & Title</i>	<i>Title & Job Description</i>	<i>Reason for Leaving</i>
		<i>Telephone Number</i>		

<i>To / From (Mo. & Yr.)</i>	<i>Name of Employer Address, City, State, Zip</i>	<i>Name of Supervisor & Title</i>	<i>Title & Job Description</i>	<i>Reason for Leaving</i>
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<i>To / From (Mo. & Yr.)</i>	<i>Name of Employer Address, City, State, Zip</i>	<i>Name of Supervisor & Title</i>	<i>Title & Job Description</i>	<i>Reason for Leaving</i>
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Essay For Admission

Compose an essay describing your desire to pursue a career in teaching.

Acknowledgement

With my signature below I affirm and acknowledge the following:

(1) All of the information provided in this application is true and accurate to the best of my knowledge. Any deliberate falsifications or willful omissions of facts may be grounds for rejection of my application or dismissal from the *Educators of Excellence, LLC Teacher Certification Program*.

(2) My application must be submitted by the published deadline. If my application is incomplete when received by the Educators of Excellence, LLC, it will be placed on a waiting list. Once all application requirements have been fulfilled, my application will be considered for full review according to the date the final application requirements are completed.

(3) I have received information regarding the attendance and refund policies of the *Educators of Excellence, LLC, Teacher Certification Program*, and agree to abide by such policies

(4) I am aware that according to Texas Education Code §22.083, school districts in the state of Texas are permitted to obtain a criminal history record on applicants for placement, and I agree to undergo such a criminal background check. Any information discovered through this criminal background check, or one conducted by the State Board of Educator Certification, that prevents or delays the issuance of teacher certification to me, or placement within a school district is not the responsibility of *Educators of Excellence, LLC*.

In addition, this application, and all accompanying requirements will become the property of *Educators of Excellence, LLC*. *Educators of Excellence, LLC* reserves the right to accept or decline my application for admission to the *Teacher Certification Program*.

Signature of Applicant: _____ **Date:** _____

The following documents should be included with the four-page application:

- ___ completed Acknowledgement of Criminal Background Check form
- ___ a copy of your current resume
- ___ application fee \$50
(paid online or by money order, payable to *Educators of Excellence*)

The following documents should be sent to us directly.

- ___ one official transcript from each university you have attended.
(Request official transcripts from each college or university you attended to be sent to the address below in a sealed envelope. **DO NOT** send photocopies)
- ___ three professional reference forms

Mail to:
Educators of Excellence
3901 Shoal Creek Blvd.
Austin, Texas 78756

Teacher Certification Program
Authorization For Criminal Background Check

Full Name: _____
Last First Middle

Social Security # _____ Date of Birth: _____

Driver's License# _____ State: _____ Expiration Date: _____

I hereby authorize a criminal background check to be conducted by the *Educators of Excellence, LLC* or a designated representative. I hereby unequivocally grant permission to your agency to release all criminal history to the *Educators of Excellence, LLC* and any and all school districts participating in the *Educators of Excellence, LLC Teacher Certification Program*.

Signature of Applicant: _____

Date: _____

<p>For Office Use Only</p> <p>Date of Background Check _____ by: _____</p>

Educators of Excellence
3901 Shoal Creek Blvd.
Austin, Texas 78756
phone: (512) 924-2803

Teacher Certification Program Professional Reference Form

Name of Applicant: _____

The above applicant has applied for an opportunity to earn a teaching credential through *Educators of Excellence Teacher Certification Program*. We would greatly appreciate your comments as to the applicant's qualifications for admission into our program. We are confident that your interest in children will motivate your response.

Name of Reference: _____ Organization/Company: _____

Title: _____ Daytime Phone of Reference: (____) _____

Work Address of Reference: _____
Street *City* *State* *Zip Code*

How long have you known the applicant? _____

Relationship to applicant _____

Would you rehire this applicant? Yes No

Would you want this person to teach your children? _____

Please rate applicant on the following items using the numbering system below:

5-Superior 4-Above Average 3-Average 2-Below Average 1-Poor 0-Unable to rate

___ Attendance	___ Organization	___ Reliability
___ Communication Skills	___ Personal Appearance	___ Resourcefulness
___ Cooperation	___ Professional Attitude	___ Response to Supervision
___ Dependability	___ Professional Judgment	___ Work habits
___ Enthusiasm	___ Rapport with Peer	

Comments:

Signature of Reference: _____ Date: _____

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Comments:

Signature of Reference: _____ Date: _____

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Comments:

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