



# LONGVIEW INDEPENDENT SCHOOL DISTRICT

1301 E. Young Street, P. O. Box 3268, Longview, TX 75606

903-381-2200 – Fax 903-381-2286

Jobs Line: 903-236-9573 or 1-888-394-2932

Website: [www.lisd.org](http://www.lisd.org)

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Dear Professional Applicant,

Thank you for your interest in the Longview Independent School District for employment opportunities. The district serves approximately 8,400 students on 17 campuses. Of these campuses, LISD has one exemplary campus, one Montessori Magnet campus, three International Baccalaureate campuses, a national Blue Ribbon campus, and a Texas Mentor School. We believe you will find our instructional programs among the finest in the greater East Texas area.

Conveniently located 120 miles east of Dallas and 60 miles west of Shreveport, LA. Longview Independent School District offers the career opportunities and student services of a metropolitan school district in the atmosphere of a small community.

- Directions to Applicant:

There are no instructions on the application form itself. Please fill out the application and return it to LISD Human Resources Department, 1301 E. Young Street, Longview, TX 75606. We schedule interviews only when we have a current vacancy or when we anticipate vacancies will exist in the future for a particular subject or grade area. We will contact you at the permanent address you show below if we need to schedule an interview.

Please include with your application the following:

### **CHECK LIST**

- Completed professional application form
- Letter of interest in specific position
- Current Resumé
- Three (3) letters of recommendation from past employer(s) or supervisor(s)
- Copy of transcript from each college attended
- Copy of valid teacher certificate, a letter from the college verifying the date that the college did or will recommend certification with the area(s) of specialization listed or a letter of acceptance into an alternative certification program
- Completed criminal history form

Completed applications are active for one-year from the date of application, after which the applicant must notify the Human Resources Department of his/her desire to remain in an active status. It is the applicant's responsibility to advise the Human Resources Department of any changes (i.e. name, address, etc., related to personal and certification information).

If you have any questions or need additional information, please call our office. Once again, thank you for your interest in Longview and we look forward to receiving your completed application.



# LONGVIEW

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# PROFESSIONAL APPLICATION

*An Equal Opportunity Employer*

<b>PERSONAL DATA</b>	Last Name	First Name	Middle
	Address		(Address valid until / / )
	City	State	Zip
	Telephone No: Area Code/Daytime Number		Area Code/Evening Number
	Cellular Telephone Number		E-mail Address
	Date Available for Employment	Date of Application	Social Security No.

<b>OTHER PERSONAL DATA</b>	<input type="checkbox"/> Alternate Contact: Name _____ Address _____ Phone _____
	<input type="checkbox"/> Check if any of the following apply: <input type="checkbox"/> Former LISD employee, if checked, give date(s): _____ <input type="checkbox"/> Current Substitute, if checked, give date(s): _____ <input type="checkbox"/> TRS Retiree  How did you hear about Longview ISD? _____

<b>EDUCATION</b>	College or University	Dates From (MM-YY)	Dates To (MM-YY)	Major	Minor	Year Degree Earned (MM-YY)	Type of Degree Earned

**CERTIFICATION**

Name as it appears on Teaching Certificate: \_\_\_\_\_

Valid Teaching Certificate  Yes  No Date issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

Certificate Valid for  Texas  Other \_\_\_\_\_

For Texas Certified Educators:

If recent college graduate, have you taken all required ExCETs and/or TExES certification exam?  Yes  No

If no, when will ExCETs and/or TExES be taken? \_\_\_\_\_

Have you ever had a temporary or emergency permit in Texas?

Yes  No If yes, for the school year(s) \_\_\_\_\_

Have you passed the Texas Professional Development ExCET/PPR/TExES?

Yes  No

Have you passed the appropriate Texas content area ExCET(s)/TExES?

Yes  No

If applicable:

Have you passed the appropriate TOPT?  Yes  No

Have you passed the appropriate TOFEL?  Yes  No

Type of Certification (Professional, Provisional, One-Year, Standard, Etc.)	Teaching Fields (Elementary, Secondary, All Level, Etc.)	Date Issued (MM-YY)

Are you presently becoming certified through an Alternative Certification Program or University?

If yes, please specify: \_\_\_\_\_

AREAS OF SPECIALIZATION: State the number of semester hours, if 18 or more, in the following courses:

Bilingual/ESL \_\_\_\_\_ English \_\_\_\_\_ Foreign Language \_\_\_\_\_ Reading \_\_\_\_\_  
 Mathematics \_\_\_\_\_ Science \_\_\_\_\_ Social Studies \_\_\_\_\_ Other \_\_\_\_\_

**Position(s) for which you wish to be considered (Check all that apply.)**

**POSITION INFORMATION**

Administrative

Assistant Superintendent for \_\_\_\_\_

Principal

Grade Preference \_\_\_\_\_ (1st choice) \_\_\_\_\_ (2nd choice)

Assistant Principal

Grade Preference \_\_\_\_\_ (1st choice) \_\_\_\_\_ (2nd choice)

Director, Supervisor, or Coordinator

Other: \_\_\_\_\_

Teacher

Kindergarten or Pre-kindergarten

Elementary (grades 1 thru 5) Grade Preference \_\_\_\_\_ (1st choice) \_\_\_\_\_ (2nd choice)

Middle School (grades 6 thru 8) Grade Preference \_\_\_\_\_ (1st choice) \_\_\_\_\_ (2nd choice)

Subject Preferences \_\_\_\_\_

1st choice                      2nd choice                      3rd choice

Secondary (grades 9 thru 12) Grade Preference \_\_\_\_\_ (1st choice) \_\_\_\_\_ (2nd choice)

Subject Preferences \_\_\_\_\_

1st choice                      2nd choice                      3rd choice

Bilingual

Librarian

Special Education

Diagnostician

Counselor

Other \_\_\_\_\_

**Student Teaching / Clinical Experience (Full Time) Begin with most recent.**

<b>STUDENT TEACHING/ WORK EXPERIENCE</b>	Dates From (MM-YY)	Dates To (MM-YY)	Total Number of Years	Name and Address of School and School District	Grades/Subjects	Reason for leaving	Supervising Teacher Name
	<b>Other Work Experience (Full Time) Begin with most recent.</b>						
	Dates From (MM-YY)	Dates To (MM-YY)	Name and Address of Employer		Type of Job	Reason for leaving	Immediate Supervisor

List names of three references (superintendent, principal, supervisor, college professors) capable of giving information about your professional work experience and professional preparation. If possible, all references must be former supervisors. If not, list must include a former direct supervisor in each of your teaching or professional positions.

<b>REFERENCES</b>	Full Name of Reference	Position	Business Address	Telephone Number & Cellular Number

Do you have a relative who is either a member of the Longview Independent School District Board of Education or who is employed in any capacity in the Longview ISD?

Yes  No If yes, give name \_\_\_\_\_ relationship \_\_\_\_\_

<b>GENERAL INFORMATION</b>	<p>Offenses involving moral turpitude include without limitation theft or attempted theft of any kind, fraud of any kind, sexual offenses of any kind, assaultive offenses, bribery, perjury, drug or alcohol offenses, offenses involving minors, or any other offense contrary to justice, honesty, modesty, or good morals. The term "conviction" includes a "no contest" or "no contendre" plea, a guilty plea, probation, and deferred adjudication. Conviction of a felony or a crime of moral turpitude is not an automatic bar to employment. The district will consider the nature and date of the offense and the relationship between the offense and the position(s) for which you are applying.</p> <p>Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude and/or received probation or deferred adjudication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain</p> <p>_____</p> <p>_____</p>
	<p>Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not a U. S. Citizen, what is your current immigration status? _____</p> <p>When does your immigration status expire? _____</p>
	<p>Do you have an Employment Authorization Document? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**GENERAL INFORMATION, CONT.**

Are you now under contract?  Yes  No

Have you ever been involuntarily terminated, non-renewed, suspended or asked to resign from the employment of another school district?  Yes  No

If yes, please explain

1) Are you aware of any reasons you would not be able to perform the duties of the position(s) for which you are applying? If yes, explain.

2) List the number of days you have missed from work or school during the past three years and explain the reasons. Please do not reveal any medical condition or diagnosis.

3) Have you ever

- resigned in lieu of contract termination or non-renewal?  yes  no
- had a term contract non-renewed?  yes  no
- had a term contract terminated during its term?  yes  no
- had a probationary contract terminated during its term?  yes  no
- had a probationary contract terminated at the end of the school year?  yes  no

Checked yes to any item and provide details of where, when and why below.

I hereby affirm that the information presented in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Here: \_\_\_\_\_ By typing my initials in capital letters I certify that, to the best of my knowledge, the information provided on this application is correct.

This application becomes the property of Longview Independent School District. The district reserves the right to accept or reject it. This application shall be considered active for one-year and inactive for one-year. If you have not received a response during this time period, you may reapply or reactivate your application.

***Longview ISD considers applicants for all positions without regard to race, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability or any other legally protected status.***

***For Office Use Only***

Received \_\_\_\_\_  
Acknowledged \_\_\_\_\_  
Reviewed \_\_\_\_\_  
Screened \_\_\_\_\_  
References \_\_\_\_\_  
Official Transcript \_\_\_\_\_  
Teaching Certificate \_\_\_\_\_  
Hire date \_\_\_\_\_

## PERSONAL STATEMENT

*Please make statements in the space provided below or on a separate sheet of paper.*

### **Elementary Certification:**

Identify and briefly describe any specific instructional program you have experience with in your teaching career. Explain your philosophy about each program, including its strengths and weaknesses. Briefly explain what instructional skills a competent teacher should demonstrate and why.

### **Secondary Certification:**

What basic skills, attitudes and knowledge do you expect students to achieve from your classes? Briefly explain what instructional skills a competent teacher in your teaching field should demonstrate and why.

### **Administrative Certification:**

List and explain what you believe are the three strongest assets you would bring to the position for which you are applying.

Longview Independent School District  
Notice  
Drug-Free Schools and Drug-Free Workplace Requirements

Longview ISD prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, illicit drug, inhalant, and alcohol, as those terms are defined in state and federal law, in the workplace, on school premises, or as part of any of the Longview ISD's activities.

Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug and alcohol counseling or rehabilitation programs or employee assistance programs, termination from employment with LISD, and referral to appropriate law enforcement officials for prosecution.

Compliance with these requirements and prohibitions is mandatory and is a condition of employment. As a further condition of employment, an employee shall notify Longview ISD of any criminal drug statute conviction the employee incurs for a violation in the workplace no later than five days after such conviction.

Within 30 calendar days of receiving notice from any source of a conviction for any drug statute violation occurring in the workplace, Longview ISD shall either (1) take appropriate personnel action against the employee, up to and including termination of employment or referral for prosecution or (2) require the employee to participate satisfactorily in a drug and alcohol abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health agency, law enforcement agency, or other appropriate agency.

(This notice complies with notice requirements imposed by the federal Drug-Free Workplace Act [20 U.S.C. 3471, 1221e-3(a) (1) and 34 CFR 85.630] and notice requirements imposed by the federal Drug-free Schools and Communities Act Amendments of 1989 [20 U.S.C. 3224a and 34 CFR 86.201].)

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

\_\_\_\_\_  
Date

**Please Return To:**  
Longview ISD  
Human Resources Department  
PO Box 3268  
Longview, TX 75606  
Phone: 903-381-2200  
Fax: 903-381-2286

or

Click the "Save Changes" button below to continue your application online.