



## Employment History

*List most recent work experience first.*

Are you currently employed? \_\_\_\_\_

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

<i>To / From (Mo. &amp; Yr.)</i>	<i>Name of Employer Address, City, State, Zip</i>	<i>Name of Supervisor &amp; Title</i>	<i>Title &amp; 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**  
**OR**  
**fax (512) 369-1980**

*The Educators of Excellence, LLC does not discriminate on the basis of race, religion, disability, age, gender, national or ethnic origin, or veteran status with respect to its employment practices, admissions policies or services.*

Educators of Excellence  
3901 Shoal Creek Blvd.  
Austin, Texas 78756  
phone: (512) 358-8824  
toll free: 1 (877) 358-8824  
fax: (512) 369-1980

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