



Alternative Teacher Certification Program

Application

Please indicate the area in which you are applying for certification:

- Mathematics Grades 8-12
- Life Science Grades 8-12
- Physical Science Grades 8-12
- Spanish Grades 6-12
- French Grades 6-12
- Special Education EC-12
- Generalist Grades 4-8
- Bilingual Generalist Grades EC-6
- Bilingual Generalist Grades 4-8
- English as a Second Language (ESL) Grades EC-6
- English as a Second Language (ESL) Grades 4-8
- Math/Science/English Language Arts Grades 7 & 8

Applicant's name: _____



*Social Security Number _____ - _____ - _____ Date _____

*Name _____
Last First Middle

*Please indicate any other identifying name(s) which may appear on your documentation:

Maiden Name: _____ Other: _____

*Driver's License No. _____ *State _____ *Expiration Date _____

*Date of Birth _____ Gender: Male _____ Female _____

*Address _____
Street City State ZIP

*Telephone _____
Home Business/Daytime

*E-mail Address _____ Fax Number _____

***REQUIRED FIELDS** (application not complete until this information is provided)

**The following information is REQUIRED and is for reporting use only to provide statistical information requested by various State and Federal agencies:*

Ethnic Background: Circle One

- 01 Native American or Alaskan Native
- 02 Asian, Pacific Islander, Oriental American
- 03 African American (non Hispanic)
- 04 Hispanic
- 05 White (non Hispanic)
- 06 Other

Statement of Equal Educational Opportunity

Blinn College seeks to provide equal education without regard to race, color, creed, religion, sex, disabling condition, age, national origin, or veteran's status. This policy extends to all programs and activities supported by the college.

Employment History

This section **must** be completed. A resume cannot be substituted. Start with your most recent work experience, including military service, and list your employment history for the past **12 years**. Add extra pages if necessary.

Date Started	Date Left	Name of Organization	Address	
Supervisor's Name		Supervisor's Title	Phone	Your Title Upon Leaving

Description of duties _____

Reason for leaving _____

Date Started	Date Left	Name of Organization	Address	
Supervisor's Name		Supervisor's Title	Phone	Your Title Upon Leaving

Description of duties _____

Reason for leaving _____

Date Started	Date Left	Name of Organization	Address	
Supervisor's Name		Supervisor's Title	Phone	Your Title Upon Leaving

Description of duties _____

Reason for leaving _____

Education

Degree granted in	Month _____ Year _____
College / University	
City, State	
GPA	
Major	
Minor	
Type of Degree	

Degree granted in	Month _____ Year _____
College / University	
City, State	
GPA	
Major	
Minor	
Type of Degree	

Degree granted in	Month _____ Year _____
College / University	
City, State	
GPA	
Major	
Minor	
Type of Degree	

Professional References

List three people (past or present employers/supervisors) who have first hand knowledge of your abilities and character. **Please ask each of these persons to send a letter of reference on your behalf to the TEACH Program Director.** The references may be contacted if there are questions after the personal interview.

Complete Name	Address	Phone	Title/Company

Answer the following questions.

1. Are you a Washington County resident? Yes No

2. Are you a US citizen? Yes No

If not, are you a resident alien with the right to work in this country? Yes No
(If yes, attach proof of permanent residence to this application.)

3. Have you ever been charged with a felony or misdemeanor? Yes No

If yes, were you convicted? Yes No

4. Have you ever been treated for, or troubled by, any serious illness that might adversely affect your ability to teach? Yes No

5. Have you ever been under the treatment of a physician for an emotional problem or nervous disorder? Yes No

If you answered "yes" to questions 3, 4, and/or 5, please explain: _____

6. Are you fluent in English? Yes No (If no, you will be required to take an English proficiency exam.)

7. Are you fluent in a language other than English? Yes No

If yes, what language? _____ Speak Write

8. Are you presently in the military, or have you ever been in the military (including the National Guard or the Armed Forces Reserves)? Yes No

If yes, please give the branch of service and your rank: _____

9. Are you eligible for VA benefits? _____ Yes _____ No

10. Have you ever been a trainer/instructor in the workplace or other environment? _____ Yes _____ No

If yes, in what subject or area? _____

11. Have you ever applied to or participated in any other teacher preparation program? _____ Yes _____ No

If yes, please explain: _____

12. Are you a graduate of a teacher education program? _____ Yes _____ No

13. Have you ever student taught in a public or private school? _____ Yes _____ No

If yes, please tell when, where, and what subject: _____

14. Do you possess a certificate which is currently suspended, revoked, or pending such action in any state?
_____ Yes _____ No

If yes, please explain: _____

15. Official THEA (formerly known as TASP) scores are required for program entrance. Completion of this application serves as authorization to access your scores. Upon request, the TEACH Program will provide the applicant a copy of the scores. The applicant has the right to challenge the scores if he/she believes they are not correct.

Please check any of the boxes below that apply:

<input type="checkbox"/>	Valid Texas Certificate	Date Issued: _____	Expires: _____	Subject(s):
<input type="checkbox"/>	Expired Texas Certificate	Date Issued: _____	Expired: _____	Subject(s):
<input type="checkbox"/>	Texas Emergency/Special Assignment Permit	Date Issued: _____	Expires: _____	Subject(s):
<input type="checkbox"/>	School District Teaching Permit	Date Issued: _____	Expires: _____	Subject(s):
<input type="checkbox"/>	Valid Out of State Certificate	Date Issued: _____ State: _____	Expires: _____	Subject(s):
<input type="checkbox"/>	Expired Out of State Certificate	Date Issued: _____ State: _____	Expired: _____	Subject(s):

Candidate Agreement

Please read the following statements carefully:

- ◆ I understand that I must submit a \$40 non-refundable application fee for my file to be considered by the Blinn TEACH Program. I also understand that submission of this application does not obligate Blinn College in any way.
- ◆ I agree to abide by all Blinn College testing and assessment requirements.
- ◆ I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations, or omissions made by me on the application or during the application process shall be grounds for refusal to be admitted into the Blinn TEACH Program.
- ◆ I understand that I will be subject to a criminal background check by independent school districts before Early Field Based Experience and the State Board for Educator Certification before being issued a Teaching Certificate.
- ◆ I hereby authorize Blinn College to investigate, through whatever means deemed appropriate by the college, any information included in this application and facts resulting from the investigation unless otherwise noted. Blinn College is also authorized to use any information obtained from its investigations to determine my suitability for entrance into the TEACH Certification Program. I release Blinn College from any liability in connection with the investigation.
- ◆ I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
- ◆ I understand meeting eligibility requirements does not guarantee an interview or acceptance into the Blinn TEACH Program.
- ◆ I understand that there is no tuition refund if I am unable to complete the training requirements.

If accepted, I agree to abide by the policies, procedures, rules, and regulations of Blinn College and the TEACH Program.

Signature of Applicant: _____

Date: _____