act◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆application

How did you hear about our program?_____Date of application:_____

PERSONAL INFORMATION (please print)

1. Complete name

_____ Social Security #_____-_____-_____
last first mi

Please provide maiden name when applicable: _____

2. Mailing Address

_____
street city state zip code

3. Pertinent numbers

Home: _____/_____/_____ CELL: _____/_____/_____
area code number area code number

4. The following information is **required** for reporting information to the State Board of Educator Certification:

e-mail address:_____ **Date of birth:** _____/_____/_____

Circle one: M F **Ethnicity:** Hispanic/Latino Non Hispanic /Latino **U.S. citizen?** Yes No

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

5. Have you participated in any other teacher preparation program(s) Y N If yes:_____

Have you taken an TExES exam? Y N If yes, details_____

Specify permits or certificates held in other states or countries. (give subject, grade level, school district, state, dates)

_____

6. Have you/or spouse served in the military? Y N Are you able to move out of the area? Y N

EDUCATIONAL BACKGROUND

7. Provide the following information for all colleges, universities, junior or community colleges attended.

Institution	Dates Attended	Degree	Major/Minor

CHARACTER REFERENCES

8. Provide names, addresses and phone numbers for 3 personal character references not related to you.

_____

_____

_____

As of 1/1/2017

PERSONAL POINT-OF-VIEW

9. In your own handwriting, describe what you as a person will bring to teaching. Explain how that will support your development as a teacher throughout your first year of teaching.

_____

_____

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_____

ACKNOWLEDGMENTS AND DISCLAIMERS

_____ initial **DISCLOSURE OF LEGAL HISTORY**: Employing school districts will conduct a FEDERAL & STATE criminal records check when you apply to the district. A criminal record will jeopardize your employment opportunities and could terminate your participation in our program.

_____ I understand that any false statements recorded on this application may result in dismissal from our program.

_____ I hereby give permission for this program to access my educational records at TEA / ETS /previous school district employers and release contents from this application and my educational file to prospective employing school districts.

_____ I understand that fees for the institute are non refundable once materials are issued.

_____ I understand that ACT reserves the right to make adjustments to requirements/program as required by changes made at the state level.

_____ I understand that ACT does not guarantee job placement. It is my responsibility to secure employment; nor does ACT guarantee that I will pass my teacher exams required for certification.

_____ I understand that there is no guarantee of certification implied by acceptance into the program or completion of an internship year.

◆ I understand that I will not be accepted into **act** if any of the following apply to me:

1. Have 2 or more years of teaching experience, as indicated by TEA records.
2. Have been unsuccessful in completing any other teacher preparation program.
3. Have been released, asked to resign, subject to contract non-renewal, or suspended for any reason for any period of time from employment by a TEA accredited school.

Signature _____ **Date** _____

Please bring completed application, official transcript(s) and $75.00 non-refundable application fee to:

◆◆**act**◆◆

◆11550 IH 10 W – Northwest Atrium – Suite 280 ◆ San Antonio, TX 78230 ◆ 210-877-1975 ◆ 210-877-2395 FAX

◆4102 S. 31st – Suite 400 ◆ Temple, TX 76502 ◆ 254-718-3590 ◆ 254-773-3105 FAX

This application will be kept in our files for 2 yrs from the application date.

As of 1/1/2017