act◆rgv ◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆application

Please print when answering all questions.

Assistance available by calling 956◆994◆9732 or Toll Free @ 1◆866◆248◆5464

Please indicate month, day, and year of application: _____/_____/_____

PERSONAL INFORMATION

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. e-mail address

_____

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

Gender: M F Ethnicity:_____ Date of Birth_____ U.S. citizen? Yes No

Specify other teacher preparation program(s) in which you participated:_____

Specify ExCET / TExES exams taken:_____

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

_____

EDUCATIONAL BACKGROUND

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

Institution	Dates Attended	Degree	Major/Minor

CHARACTER REFERENCES

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

_____

_____

_____

PERSONAL POINT-OF-VIEW

8. 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.

I understand that a criminal records check will be conducted at both the state and federal levels.
A criminal record will jeopardize your employment and will terminate your participation in this program.

Signature: _____ Date: _____

ACKNOWLEDGMENTS AND DISCLAIMERS

I have answered all questions contained in this application truthfully to the best of my ability. I hereby give permission for this program to release contents from this application to prospective employing school districts.

Signature _____ Date _____

I understand that act◆rgv reserves the right to make program adjustments to comply with changes made at the state level.

Signature _____ Date _____

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

1. Have 2 or more years of teaching experience, as indicated by SBEC records.
2. 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 school district.

Signature _____ **Date** _____

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

act◆rgv
3700 North 10th Street, Suite 201
McAllen, TX 78501
Phone 956◆994◆9732 or Toll Free @ 1◆866◆248◆5464, FAX 956◆994◆1136 **www.actrgv.com**