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ESC - REGION 19 PRINCIPAL ALTERNATIVE CERTIFICATION ACADEMY INTERN APPLICATION

Social Security Number

Driver's License No. _____

Date of Application

State _____

Month Day Year

Expiration Date _____

You are being asked to provide your social security number as part of the program application process with the Education Service Center - Region 19. In accordance with The Privacy Act of 1974, 5 U.S.C. 552a, disclosure of your social security number is optional except for purposes of receiving wages; however, failure to provide it may result in processing delays if we have multiple applicants with the same or similar names.

Education Service Center - Region 19 will utilize your social security number for the following reasons: (1) Submission to the Safe Schools Project for purposes of performing mandatory criminal background checks; (2) Submission to the Texas State Board for Educator Certification for application for your certificates; (3) Submission to the Internal Revenue Service for the program tuition paid; and (4) Identification for school district employment.

Should the Education Service Center - Region 19 require your social security number for any other purpose not listed above, we will obtain your consent before utilizing your social security number.

Name (Use Legal Name Only)

First Name _____

Last Name _____

Jr., etc. _____

Middle _____

Maiden _____

Home Phone _____

Business Phone _____

Address _____

City _____

State _____

Zip Code _____

Email _____

Cell Phone _____

School District Where Employed _____

Languages other than English in which you are proficient (Read-Write-Speak)
_____ Other

☐ Spanish

_____ Other

Citizenship: ☐ U.S.

☐ Other

Alien Registration Number: _____

Education

Bachelor's Degree granted _____ from _____ located in _____
Month Year College/University City/State

Major _____ Minor _____

Master's Degree granted _____ from _____ located in _____
Month Year College/University City/State

Major _____ Minor _____

List in Order All Colleges/Universities Attended

College/University	City, State	Dates of Attendance	Semester Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Degrees/Certifications

_____	_____	_____	_____
_____	_____	_____	_____

Work Experience

Please write below a complete listing of all jobs or positions you have held in the last 5 years. (If more space is needed, please attach a separate sheet of paper).

School District/Firm Name	Address City/State	Area Code/ Phone	Position Held By Applicant	Immediate Supervisor Name/Title	Full or Part Time	Dates Employed	Reason for Leaving

Military Experience

Date From	Date To	Branch	Final Rank	Reserve Organization	National Guard Organization
				<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

A dishonorable or general discharge is not an absolute bar to employment. Other factors will affect a final decision to hire or not to hire.

Certification

Have you previously applied to the Principal Alternative Certification Academy? ☐ Yes ☐ No

If yes, in which city/district did you apply? _____ When? _____

☐ Valid Texas Certificate Date Issued _____ Expires _____

☐ Texas Emergency Special Assignment Permit Date Issued _____ Expires _____

☐ Valid Out-of-State Certificate What State? _____ ☐ Expired Other State

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

If yes, explain: _____

Applicant Testimony

I understand that failure to truthfully or accurately fill out this application is good cause for termination.

☐ Yes ☐ No

Have you ever:

☐ Yes ☐ No Been terminated or proposed for non-renewal?

☐ Yes ☐ No Been requested to resign from a former position?

*NOTE: If you answer "Yes" to any questions below, provide an explanation below. For criminal charges, specify all the charges(s), date(s), the disposition(s), and the name and address of the court(s) enter the judgment(s) or conviction(s).

☐ Yes ☐ No Been arrested?

☐ Yes ☐ No Had criminal charges filed against you?

☐ Yes ☐ No Been convicted of a felony or misdemeanor offense involving moral turpitude?

☐ Yes ☐ No Pleaded guilty or no contest to any felony or misdemeanor offense involving moral turpitude?

☐ Yes ☐ No Been placed on probation?

☐ Yes ☐ No Been placed on deferred adjudication whereby the criminal charges were eventually dismissed?

Charge	Date	Court and County/State	Disposition/Comments

An answer of “Yes” to any of the questions above will not necessarily disqualify a qualified applicant from being considered for acceptance into the program or employment.

Notice: Education Service Center - Region 19 conducts an extensive criminal history check on every applicant for acceptance into the program. Information contained in a person’s criminal history background stays with that person and is not removed over time. If you ever had charges filed, an arrest or a conviction many years ago (even if the charges were dismissed), it will likely still be shown on your criminal history record. If any information in this application is incorrect or untrue in any material respect, Education Service Center - Region 19 reserves the right to bar you from acceptance into the program. Education Service Center - Region 19 takes very seriously the information contained in the program or employment applications. False information on this application can also subject you to criminal penalties under Section 37.10, Texas Penal Code.

ACCOMPLISHMENT RECORD Please read the description of each performance domain. Then describe what you have accomplished that illustrates your knowledge, skill, and ability in the domain.

Leadership

Formulating goals with individuals or groups; initiating and maintaining direction with groups and guiding them to the accomplishment of tasks; setting priorities for one's school in the context of community and district priorities and student and staff needs; integrating own and others' ideas for task accomplishment; initiating and planning organizational change.

Time Period: _____

Description of what you did:

Statement of how you demonstrated this skill:

Information can be verified by: _____

ACCOMPLISHMENT RECORD Please read the description of each performance domain. Then describe what you have accomplished that illustrates your knowledge, skill, and ability in the domain.

Motivating Others

Building commitment to a course of action; creating and channeling the energy of self and others; planning and encouraging participation; supporting innovation; recognizing and rewarding effective performance; providing coaching, guidance, or correction for performance that needs improvement; serving as a role model.

Time Period: _____

Description of what you did:

Statement of how you demonstrated this skill:

Information can be verified by: _____

ACCOMPLISHMENT RECORD Please read the description of each performance domain. Then describe what you have accomplished that illustrates your knowledge, skill, and ability in the domain.

Implementation

Making things happen; putting programs and plans into action; applying management technologies applying methods of organizational change including collaborative processes; facilitating tasks; establishing progress checkpoints; considering alternative approaches; providing “mid-course” corrections when actual outcomes start to diverge from intended outcomes; adapting to new conditions.

Time Period: _____

Description of what you did:

Statement of how you demonstrated this skill:

Information can be verified by: _____

ACCOMPLISHMENT RECORD Please read the description of each performance domain. Then describe what you have accomplished that illustrates your knowledge, skill, and ability in the domain.

Organizational Oversight

Planning and scheduling one's own and others' work so that resources are used appropriately, and short- and long-term priorities and goals are met; monitoring projects to meet deadlines.

Time Period: _____

Description of what you did:

Statement of how you demonstrated this skill:

Information can be verified by: _____

ACCOMPLISHMENT RECORD Please read the description of each performance domain. Then describe what you have accomplished that illustrates your knowledge, skill, and ability in the domain.

Sensitivity

Perceiving the needs and concerns of others; dealing with others tactfully; working with others in emotionally stressful situations or in conflict; obtaining feedback; recognizing multi-cultural sensibilities.

Time Period: _____

Description of what you did:

Statement of how you demonstrated this skill:

Information can be verified by: _____

ACCOMPLISHMENT RECORD Please read the description of each performance domain. Then describe what you have accomplished that illustrates your knowledge, skill, and ability in the domain.

Judgment

Reaching logical conclusions and making high quality, timely decisions given the best available information.

Time Period: _____

Description of what you did:

Statement of how you demonstrated this skill:

Information can be verified by: _____

LEADERSHIP EXPERIENCE

You must document at least three years of successful experience in public education which included leadership responsibilities for a minimum of three other professionals who possessed at least a baccalaureate degree. Examples of leadership responsibilities include but are not limited to: department chair; grade level chair; member of site-based decision-making team or other similar responsibilities.

Date and Number of Years
Leadership Responsibilities

Position Held
(School District)

Description of Leadership
Responsibility

1. _____

2. _____

3. _____

In your own handwriting (print/cursive), please respond in English to the following in approximately **150** words.

What are the roles of the principal in curriculum design and implementation?

Agreement

1. This application and the statements made herein become the property of the Education Service Center - Region 19 at the time application is submitted.
2. Please read the following statements carefully and indicate your understanding and acceptance by responding in the affirmative in the space provided.

My agreement below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction records checks, reference checks, and release of investigatory information possessed by any state, local, or federal agency. I further authorize those persons, agencies or entities that the Education Service Center - Region 19 contacts in connection with my acceptance into the program to fully provide ESC - Region 19 with all information it requests; I hereby release ESC - Region 19, its members of the Board, employees, and agents from any claims, including without limitation, defamation, emotional stress, invasion of privacy or interference with contractual relations that I might otherwise have against ESC - Region 19, its agents, officials, or against any provider of such information. I understand that information submitted in and with this application may be disclosed to school district personnel. I give my consent to this disclosure.

I certify I have read this form in its entirety and that the information herein is true, accurate and complete. I understand that, should any statement I have made prove false, or misleading, it may result in the rejection of my application or in my discharge if I am accepted into the program or employed. If accepted into the program or employed, I also understand that any misstatement or omission of fact on this application may result in discharge. I further understand and agree that acceptance of this application on my part does not constitute a program acceptance or an employment agreement, that should I receive an offer of program acceptance or employment it does not and will not create a contractual obligation upon the employer to continue to maintain my program enrollment or to employ me in the future.

☐ Yes If you agree to the above.

3. Copies of all required documents must be submitted with the application.
4. The application is not complete unless all blanks are filled in or checked, and the application is signed. Incomplete applications will not be considered.

Eligible applicants must be ready to begin required training in the evenings and during the weekends. I understand that formal acceptance into the Principal Alternative Certification Academy is contingent upon holding teacher certification in Texas or out-of-state and meeting ESC - Region 19 entrance requirements. I also understand that I will be required to pay all fees in accordance with the appropriate cohort timelines.

____ day of _____, _____
Date Month Year

Legal Signature of Applicant (My signature above certifies that I have read the Agreement terms listed above.)

ESC - Region 19 does not discriminate on the basis of race, color, gender, religion, national origin, age, disability, or any other basis prohibited by law. Inquiries concerning the application of Title VI, IX, the Age Discrimination Act of 1975, and Section 504 may be referred to the Alternative Certification Program Manager, 6611 Boeing, El Paso, Texas 79925, (915) 780-5354.

Return Application To:

Education Service Center – Region 19 ▲ Principal Alternative Certification Academy
6611 Boeing Drive ▲ El Paso, TX 79925 ▲ www.esc19.net

EDUCATION SERVICE CENTER - REGION 19
PRINCIPAL ALTERNATIVE CERTIFICATION ACADEMY

Dear PACA Applicant:

The Education Service Center - Region 19 is pleased you have chosen to apply to the Principal Alternative Certification Academy. As stated on the last page of the PACA application, you must submit your official transcripts and a copy of your driver's license with the application. You are also required to pay the \$75.00 non-refundable application fee at the time you submit your application to ESC - Region 19.

Additional information is required as part of the application process. Please submit the following documents:

1. ALL OFFICIAL TRANSCRIPTS
2. A \$75.00 NONREFUNDABLE APPLICATION FEE payable at ESC-Region 19.
3. COPY OF VALID DRIVER'S LICENSE
4. THREE (3) RECOMMENDATIONS: One from your campus administrator or your program director if you are a support professional; one from a colleague at your current work site, and one additional professional.
5. A COPY OF YOUR TEACHER SERVICE RECORD.
6. A COPY OF YOUR MOST RECENT T-TESS EVALUATION.
7. A COPY OF YOUR TEXAS TEACHING CERTIFICATE.

These documents should be submitted to:

Education Service Center - Region 19
Principal Alternative Certification Academy
Attn: Jesse Teran
6611 Boeing Dr.
El Paso, TX 79925

These documents must be submitted with your application to be complete and considered by the screening committee.

Please contact me if you have any questions concerning the application process. I may be reached at (915) 780-6541. Thank you for your attention in this matter.

Sincerely,

Jesse Teran
Principal Alternative Certification Academy
ESC – Region 19