

## A Career in Teaching – ACP Program Application

Name:	Date:		
Legal Last Name:(First)	(Middle)	(Last)	
Maiden Name and/or Other Nam			
Address:			Apt#:
City:	State:		Zip:
Home Phone: ()	Cell:	()	
Social Security #:	Email address:		
Driver's License #:	State:	Exp:	
DOB:	Are you currently a US cit	izen? (YES)_	(NO)
Area of Certification for which y	ou are currently seeking:		
University Attended:			
Date of Graduation:			
Major:	Minor:		
Have you ever applied to a Teach	ner Certification Program befo	ore? (YES)	(NO)
If YES, when?	Which program	?	
Have you ever taught as a Contra	act Teacher under a District P	ermit? (YES)_	(NO)
Interviewed by:	Title:		
Have you ever been arrested? (Y	ES) (NO)	Reason:	
If yes, you will be required to co	mplete a Preliminary History	Evaluation.	
http://tea.texas.gov/Texas_Educa	ators/Investigations/Prelimina	ry_Criminal_H	istory Evaluation-FAQs/
After completing application, ple	ease submit to joanna@acaree	rinteaching.org	
Phase I: \$275.00 / Phase II: \$430 aspect of the above written appli	`	•	•
Signature:	TEA	ID#:	