

## Employment Application for Service and Support Personnel

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

*(An Equal Opportunity Employer)*

### Personal Data

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Other name(s): \_\_\_\_\_  
Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.

Permanent Address: \_\_\_\_\_  
House Number and Street P.O. Box Apt. No.  
City State Zip Code Phone: ( ) Home Phone: ( ) Cell/Other

Email address: \_\_\_\_\_

Name of person to contact in event of an emergency: \_\_\_\_\_  
Name Relationship Phone

### Position Data

Position(s) currently applying for:  
\_\_\_\_\_ Aide-Teacher, Special Aide, Duty, Computer Lab, etc.  
\_\_\_\_\_ Clerical  
\_\_\_\_\_ Secretary/Office Receptionist  
\_\_\_\_\_ Certified Medical Assistant  
\_\_\_\_\_ Licensed Vocational Nurse  
\_\_\_\_\_ Computer Technician  
\_\_\_\_\_ Custodian/Maintenance  
\_\_\_\_\_ Bus Driver  
\_\_\_\_\_ Carpenter  
\_\_\_\_\_ Mechanic  
\_\_\_\_\_ Food Service Worker  
\_\_\_\_\_ Cafeteria Manager  
\_\_\_\_\_ Substitute Maintenance/Bus Driver  
\_\_\_\_\_ Substitute Food Service/Cafeteria  
Other: \_\_\_\_\_

Date you can begin work \_\_\_\_\_

Are you seeking employment for 10, 11, or 12 months? (Please indicate 1st, 2nd, or 3rd choice)  
\_\_\_\_\_ 10 Months \_\_\_\_\_ 11 Months \_\_\_\_\_ 12 Months

Type of employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Have you ever been employed by La Feria I.S.D.? [ ] Yes [ ] No

If yes, please provide dates of employment \_\_\_\_\_ through \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

## Education/Certification

Applicants for a teacher aide position MUST have two (2) years of college credit.

Indicate highest educational level attained:

Bachelor's degree     
  Master's degree     
  Doctorate's degree

High School completed: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
City State

College work:

Institution Name	Location		Attendance Dates				Type of Degree Received	Date Earned	Major	Minor
	City	State	From Mo	From Yr	To Mo	To Yr				

Applicants for Substitute Teacher, complete the following, if applicable.

Type of teaching certificate held now

None  
 Valid Texas  
 Valid other state \_\_\_\_\_  
 Level of Certification \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary

Applicants for Teacher Aide, complete the following, if applicable

Do you hold Educational Aide Certification?       Yes       No  
 If so,     Level I                       Level II                       Level III

## Special Skills

Typing Speed: \_\_\_\_\_ Words Per Minute

Please list computer software programs that you can use proficiently: \_\_\_\_\_  
 \_\_\_\_\_

Please list office machines or equipment which you can operate proficiently: \_\_\_\_\_  
 \_\_\_\_\_

Please list other office related skills that you possess: \_\_\_\_\_  
 \_\_\_\_\_

## Trade Skills

TRADE	YRS. EXP.
<input type="checkbox"/> Mechanic	
<input type="checkbox"/> Bus Driver	
<input type="checkbox"/> Carpenter	
<input type="checkbox"/> Cook/Food Service	

TRADE	YRS. EXP.
<input type="checkbox"/> Custodian	
<input type="checkbox"/> Electrician	
<input type="checkbox"/> Plumber	
<input type="checkbox"/> Truck Driver	

## Work Experience

Please provide a complete listing of all jobs or positions you have held in the past 5 years. List most recent first.

**(Bus Driver applicants, see Addendum).**

Name & Address of Company / City, State & Zip	Telephone No.	From		To	
		Month	Year	Month	Year
Name & Title of Supervisor		Job Title (Your job title at this job)			
Type of work		Reason for leaving			

Name & Address of Company / City, State & Zip	Telephone No.	From		To	
		Month	Year	Month	Year
Name & Title of Supervisor		Job Title (Your job title at this job)			
Type of work		Reason for leaving			

Name & Address of Company / City, State & Zip	Telephone No.	From		To	
		Month	Year	Month	Year
Name & Title of Supervisor		Job Title (Your job title at this job)			
Type of work		Reason for leaving			

## General Information

Do any members of your immediate family or other relatives serve on the La Feria ISD Board of Trustees?  
 If yes, please give name of the trustee and relationship.

Are you in any way related to the Superintendent of the La Feria Independent School District?  
 Yes     No            If yes, list complete relationship \_\_\_\_\_

Have you ever been convicted of, pled guilty or no contest (*nolo contendere*) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and or any offense involving a child or minor)?             Yes     No

If yes, please state where, when, and the nature of the offense. \_\_\_\_\_

Note: (A felony conviction is not an automatic bar to employment. The district will consider the nature, date and relationship between the offense and the position for which you are applying.)

Have you ever been discharged or caused to resign from a previous position?             Yes     No  
 If yes, explain: \_\_\_\_\_

## References

Please list below references who may be contacted who have supervised your work. (Include current and past principals, managers or supervisors, under whom you have worked, who have first hand knowledge of your character, personality, and ability.)

Name	Telephone Number ( )
Position	Address (Include City, State and Zip Code)

Name	Telephone Number ( )
Position	Address (Include City, State and Zip Code)

Name	Telephone Number ( )
Position	Address (Include City, State and Zip Code)

## Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of facts may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed to give you any and all information concerning my previous employment any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing same to you.

I understand that the district is required by Texas Education Code §22.083 to obtain criminal history record information on applicants selected for employment.

\_\_\_\_\_

Legal signature of applicant required
Date

Note: This application becomes the property of the district. The district reserves the right to accept or reject it. It should be complete and accurate in every detail. In case of appointment you will be notified immediately. This application shall be considered active within the fiscal year it was submitted, (Sept. 1 - Aug. 31). If you have not received a response during this time, you may reapply or reactivate your application.

## Requirements

To satisfy requirements issued by the State of Texas and the La Feria Independent School District, I have enclosed the following items. The contents are not intended to create any contractual or other legal rights and are to be provided for employment consideration only.

- [ ] Employment Application for Service and Support Personnel
- [ ] Copy of any License/Certificate, if applicable
- [ ] Copy of Transcripts, if applicable, (Official REQUIRED upon employment)
- [ ] Copy of Social Security Card and Driver's License
- [ ] Service Record, if available

***Expect - Achieve - Excel***



# Criminal History Check

Section §22.083 of the TEXAS EDUCATION CODE (TEC) requires all school districts to complete a criminal history check on all applicants. To comply with this law, you are requested to complete this form and return it with your application.

Your application cannot be activated until this completed form is returned with your application to the personnel office.

This information will be used for the purposes of determining eligibility for employment in the La Feria Independent School District.

*This section applies to a person described in the Texas Education Code (TEC), §22.0833, that is, any person who is not a holder of or applicant for Texas educator certification under the TEC, Chapter 21, Subchapter B, and who, after January 1, 2008, is offered employment by a school district or an open-enrollment charter school.*

*Before being employed by a school entity, every person to whom this applies shall submit fingerprint, photograph, and identification information to the Texas Department of Public Safety (DPS) as required.*

*After the required information is submitted, the person **may** begin employment, but that employment is **conditional** upon the review of that person's criminal history record information by the TEA pursuant to the TEC, §22.0833, and must be **terminated** if the TEA makes a determination that the employee or applicant is ineligible for employment under the terms of the TEC, §22.085.*

**Any applicant recommended for employment will be required to pay a fee for the fingerprinting process.**

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number      State

I hereby authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply to the La Feria Independent School District any information concerning my background in connection with employment consideration, and I do release them from any liability and responsibility arising from doing so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The La Feria Independent School District has a policy of no smoking and/or use of tobacco products in any form on school district property or any school-related or school sanctioned activity on or off school property.

### EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INFORMATION

<b>FOR OFFICE USE ONLY:</b>		Date received _____	Date application processed _____
CH <input type="checkbox"/>	FP <input type="checkbox"/>	Date _____	Initials _____