### La Feria Independent School District

P. O. Box 1159 • 203 E. Oleander Ave. • La Feria, Texas 78559 • (956) 797-8300 • Fax (956) 797-3737

Cynthia A. Torres, Superintendent

### 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)

	Peı	rsonal Da	ıta		
Date of Application:			curity Number	r: -	-
Name:					
Last	First		Middle	Ma	iden
Other name(s):					
Please pr	rovide any additional in ame, necessary to enab				assumed name,
Permanent Address:					
	House Number	and Street	P.0	O. Box	Apt. No.
		Phone: <u>(</u>	) Home	Phone: (	)
City	State Zip Cod	le	Home	_	Cell/Other
Email address:					
Name of person to con	tact in event of an en	nergency:		( )	
Name		Relationship		F	Phone
D ::: ()		sition Da	ta		
Position(s) currently ap		o Duty Comp	utor I ob oto		
Alue- Cleri	-Teacher, Special Aid	e, Duty, Comp	uter Lab, etc.		
	etary/Office Receptio	nist	Mechar	nic	
	ified Medical Assistar			ervice Worker	
	nsed Vocational Nurs			ia Manager	
	puter Technician			_	nce/Bus Driver
	codian/Maintenance		 Substit	ute Food Serv	ice/Cafeteria
Bus	Driver		Other:		
Carp	enter				
Date you can begin wo	ork				
Are you seeking emplo	•	12 months? (P	lease indicate	1st, 2nd, or 31 12 Months	rd choice)
Type of employment:	Full-tir		Part-tin		

[ ] Yes

[ ] No

through

Have you ever been employed by La Feria I.S.D.?

If yes, please provide dates of employment

Position(s) Held:

# Education/Certification

Applican	ts for a	teacher aide posi	tion <u>MUS</u> ′	<u>T</u> hav	e tw	o (2)	) yea	rs of coll	ege credi	t.	
Indicate h	nighest e	educational level att	tained:								
		Bachelor's degree		Mas	ter's	degi	ree		Doctorate	e's degree	
High Scho	ool com	pleted:	Date:			Loca	ation	:			
			_ Bate.				ation		ity	Sta	ate
College w	ork:	1						T	ı	1	
Institu		Location		Fr	endar om Yr	7	Го	Type of Degree	Date	Majon	Minon
Nar	116	City	State	Мо	11	Мо	11	Received	Earned	Major	Minor
				+							
Type of te	aching	lbstitute Teacher, co	_	e follo	owing	g, if a	applio	cable.			
[ ]		exas her state Certification		_ Eler	nenta	ary			Secondar	ry	
Applicant	s for <u>Te</u>	acher Aide, complet	e the follo	wing,	if ap	plica	able				
Do you ho	old Edu	cational Aide Certifi	cation?			[ ]	Yes	[ ] No			
If so,	[ ]	Level I	[ ]	Leve	el II			[ ]	Level III		
			Spe	cia	1 S1	∢ill	S				
Typing	Speed:	Words P	er Minute						•		
Please list	compute	er software programs t	hat you car	n use j	profic	ient <u>l</u>	y:				
Please list	office ma	achines or equipment	which you	can op	perate	e prof	ficient	tly:			
<b>D</b>	.1 00										
Please list	other off	ice related skills that	you posses:	s:							
			Tra	ade	Sk	ills	}				
Γ		TRADE	YRS. EXP	·.				TRADE		YRS. EXP.	
F		Mechanic	1	1				Custodian	1		
F		Bus Driver						Electrician	n		
F		Carpenter		]				Plumber			
		Cook/Food Service						Truck Dri	ver		

# 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					
realize to realize or company / erry, state to Erp	Totopilotio 1.01	Month	Year	Month Year			
Name & Title of Supervisor	Job Title (Your job t	itle at this	job)				
Type of work	Reason for leaving						
Nome 2. Address of Company / City State 2. 7in	Telephone No.	I Em		т			
Name & Address of Company / City, State & Zip	relephone No.	Month	om Year	Month	0 Year		
		1,101111	1001	1/1011011	1001		
Name & Title of Supervisor	Job Title (Your job t	itle at this	job)				
Type of work	Reason for leaving						
Name & Address of Company / City, State & Zip	Telephone No.		om	T			
		Month	Year	Month	Year		
Name & Title of Supervisor	Job Title (Your job t	itle at this	job)	<u> </u>			
Type of work	Reason for leaving						
Do any members of your immediate family or other If yes, please give name of the trustee and relations			ISD Board	l of Trustee	es?		
Are you in any way related to the Superintendent of [ ] Yes [ ] No If yes, list complete re	=	ndent Scho	ool Distric	t?			
Have you ever been convicted of, pled guilty or no or deferred adjudication for a felony or any offense rape, murder, swindling, and or any offense involving.	involving moral turp	itude (inclu	_		_		
If yes, please state where, when, and the nature of	the offense.						
Note: (A felony conviction is not an automatic bar t relationship between the offense and the position for			consider t	he nature,	date and		
Have you ever been discharged or caused to resign If yes, explain:	from a previous posi	tion?	[ ] Yes	[ ] No			

## 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.)

character, personality, and ab	oility.)	•	
Name		Telephone Number	( )
Position	Address (Include City, Sta	te and Zip Code)	
Name		Telephone Number	( )
Position	Address (Include City, Sta	te and Zip Code)	
Name	<b>'</b>	Telephone Number	
Position	Address (Include City, Sta	te and Zip Code)	( )
knowledge and understand may be grounds for rejection I authorize the references I any pertinent information liability for any damage that I understand that the distr	rmation provided in this apple that any deliberate falsificate on of my application or dismissisted to give you any and all it they may have, personal or out may result from furnishing ict is required by Texas Educicants selected for employment	ication is true and accurations, misrepresentations is all from subsequent emperation concerning matherwise, and release all same to you.	, or omissions of facts ployment.  ny previous employment such parties from
	f applicant required		Date
or reject it. It should be conotified immediately. This	pecomes the property of the domplete and accurate in every application shall be considered a response Requirement	detail. In case of appointed active within the fiscal during this time, you may	tment you will be year it was submitted,
have enclosed the following	ued by the State of Texas and g items. The contents are not rovided for employment cons	intended to create any c	•
[ ] Copy of any Licen	lication for Service and Suppose / Certificate, if applicable ots, if applicable, (Official REC		nt)

Expect - Achieve - Excel

] Copy of Social Security Card and Driver's License

] Service Record, if available

#### ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS

Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus Drivers must pass a physical examination and drug test.

Pers		a				
Date of Application:	Social Sec	urity I	Number:		_	_
Name:						
Last	First			Mic	ddle	
Phone: ( ) Phone: ( )		Hours	available	for work:		
•	Other		_			
Drivers License No.:State	Expires On:		T	ype of Lice	ense:	
School Bus Certification:YesNo	11 10	г	1 37	[ ] NT	TC 1	1 .
Have you ever had a license suspended, revoked, or	r cancelled?	l	j res	[ ] NO	ii yes, piea	ase explain.
Are any criminal charges or proceedings pending a	gainst you?	[	] Yes	[ ] No	If yes, plea	ase explain.
Have you ever been convicted of any serious traffic	violations?	[	] Yes	[ ] No		
If yes, state date, location, and nature of the offens	e.					
Work	Experien	ce				
Specify work history information for the past 10 ye	-		n voll we	re a drive	r of a comm	nercial
motor vehicle. List most recent experience first. At	-		-		or a comm	iciciai
Name & Address of Company / City, State & Zip			From		То	
1 3 / 3 /	1		Month	Year	Month	Year
Type of work	Reason for leaving	ng				
Name & Address of Company / City, State & Zip	Telephone No		From			To
			Month	Year	Month	Year
Type of work	Reason for leaving	ng				
		8				
Name & Address of Company / City, State & Zip	Telephone No	<u>.                                      </u>	Fre	nm		То
Name & Address of Company / City, State & Zip	Telephone No		Month	Year	Month	Year
Type of work	Reason for leaving	ng				
7.7						
	rification					
I hereby affirm that all information provided in this		_			•	_
and I understand that any deliberate falsifications,	-					
rejection of my application or dismissal form subse						_
by federal regulations to obtain alcohol and drug to						
application and required by Texas Education Code criminal history record check Furthermore Lauf	-	_		_		

Applicant's Printed Name

for any damage that may result from furnishing information to you.

Applicant's Signature

Date

previous employers may be contacted for investigation purposes and that all parties are released from any liability

### 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 <u>not</u> a holder of <u>or</u> applicant for Texas educator certification under the TEC, Chapter 21, Subchapter B, <u>and</u> 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 <u>may</u> begin employment, but that employment is <u>conditional</u> upon the review of that person's criminal history record information by the TEA pursuant to the TEC, §22.0833, and must be <u>terminated</u> 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 finger-printing process.

Name (Print or Type)	Social Security Number
Date of Birth	Driver's License Number State
I hereby authorize all persons, schools, companies, agencies to supply to the La Feria Independent Sch ground in connection with employment considerati responsibility arising from doing so.	nool District any information concerning my back-
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

FOR OFFICE USE ONLY:	Date received	Date application processed	
CH FP	Date	Initials	

