



SAN PERLITA INDEPENDENT SCHOOL DISTRICT

Paraprofessional /Clerical / Support Personnel Employment Application

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Date of Application _____ Social Security No. _____

Name _____

Current Address _____

Other address where you may be reached _____

Work Phone No. _____ Home Phone No _____

Email: _____

Position for which you are applying _____

Type of Employment: Full-time _____ Part-time _____ Summer Only _____

Date Available _____

Former San Perlita ISD Employee: Yes _____ No _____

If yes, give dates of employment: _____

Check highest level attained:

Not high School Graduate (Circle last grade completed.) 1 2 3 4 5 6 7 8 9 10 11 12

High school graduate _____ GED _____

Two or more years college _____ Bachelor's degree _____

Master's degree _____ Other training or education _____

Licenses/certification _____

Schools Attended: List all applicable information

Name of School Course of Study Diploma, Degree, Year
and Location Major/Minor Fields or Certificate Graduated

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary.

Employer/Location /Position/Title /Dates Employed/ Reason for Leaving:

List specific skills and/or any machines / equipment you can operate. Include typing speed and number of years experience.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do you have a relative who is a member of the San Perlita ISD Board of Education?

____ Yes ____ No If yes, please give the name of relative and relationship.

Have you ever been convicted of a felony of offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? ____ Yes ____ No
If yes, please state where, when, and the nature of the offense: _____

(Conviction of a felony 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.)

Please list below references that may be contacted regarding your work history. Please include all managers/ supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name School District/ Phone No./ Mailing Address/Position/Title of Reference / Firm Name:

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

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from any 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.

This application becomes the property of the district. The district reserves the right to accept or reject it

This application shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date



San Perlita Independent School District

22987 TROJAN DRIVE • P. O. BOX 37 • SAN PERLITA, TX 78590 • (956) 248-5560 • FAX (956) 248-5561
Albert Byrom- Superintendent

BOARD OF TRUSTEES

Melissa P. Guadiana, President Nora T. Vasquez, Vice-President Enedelia Cavazos, Secretary
Porfirio Rodriguez Jr. Joe David Kilbourn Maria Contreras David Rodriguez

RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION

Name of Applicant (Please Print)

Tx Drivers License Number

Street Address

Social Security Number

City, State and Zip Code

Date of Birth

Ethnicity

Sex

Place of Birth

In accordance with the Texas Education Code, Section 22.083, a school district is entitled to obtain criminal history record information related to an applicant for employment with the school district, if the applicant authorized the school district in writing to obtain such criminal history information. Your application for employment with the district shall NOT be considered complete unless the school district has been given your permission to obtain such criminal history records. The criminal history information obtained by the school district will be used for the purpose of evaluating you as an applicant for employment with the San Perlita Independent School District and for no other reason.

I have read and understand the preceding information, and I do hereby authorize the San Perlita Independent School District complete access to any and all criminal history record information pertaining to me on file with your agency and do hereby unequivocally grant permission to your agency to release all of said criminal history information to the San Perlita Independent School District.

Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	