Rio Hondo Independent School District

215 W. Colorado St., Rio Hondo, TX. 78583
(956) 748-1000 - voice / (956) 748-1049 - fax

Employment Application for ***Service and Support Personnel***

"An Equal Opportunity Employer"

Date of application _____

Personal Data

Name_____
Last *First* *Middle initial*

Current address _____
Street/Box *City* *State* *ZIP Code*

Other address where you may be reached _____

Home phone _____ Cell phone _____Other phone _____

Other name that may appear on records _____

(Used for certification, reference, and criminal history record checks)

Position Data

List the position(s) for which you are applying_____

Type of employment: ❑ Full-time ❑ Part-time ❑ Summer only

Date you can begin work _____

Have you been employed by Rio Hondo ISD in the past? ❑ Yes ❑ No

If you answered yes, provide dates of employment _____

Special Skills

List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.

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

Work Experience

Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach résumé if available.

Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	

Work Experience				
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	

References

Please list references the district can contact regarding your work history.

Full name of reference	School district / firm name	Mailing address	Position / title	Area code / phone number

Education/Training

List the highest level of education attained: _____

Licenses and certificates granted _____

_____

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated *(College only)*

General Information	Do you have a relative who serves on the Board of Education or is an employee of Rio Hondo ISD? ❑ Yes ❑ No If yes, please provide the relative's name and relationship: _____ _____ Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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 indecency with a minor)? ❑ Yes ❑ No If yes, please state where, when, and the nature of the offense _____ _____ _____ _____ _____ _____ (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.)
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 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 liability for any damage that may result from furnishing the same to you. I understand that the district is required by Texas Education Code§21.917 to review criminal history of applicants. _____ _____ Signature Date 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 twenty-four months. If you have not received a response during this time period, you may reapply or reactivate your application.

**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

The district Title IX Coordinator is: ***Elda Garza, Assistant Superintendent***
215 W. Colorado St., Rio Hondo, TX. 78583
(956) 748-1000

RIO HONDO INDEPENDENT SCHOOL DISTRICT
215 West Colorado Street
Rio Hondo, Texas 78583
Phone (956) 748-1000/FAX 748-1049

Board of Trustees:

Noemi Garza, President
Susan G. Lopez, Vice President
John D. Guevara, Secretary
Thomas Wiesman, Member
Rolando Alfaro, Member
Rene Alfaro, Member
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Anneliese McMinn, Supt.

CRIMINAL HISTORY RECORD INFORMATION REQUEST

CONFIDENTIAL

The **RIO HONDO INDEPENDENT SCHOOL DISTRICT** is authorized by state law to obtain criminal history record information on applicants being considered for employment (Texas Education Code Chapter 22, Subchapter C). 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 Human Resources Offices.

This information will be used for the purpose of determining eligibility for employment in the RIO HONDO INDEPENDENT SCHOOL DISTRICT.

PLEASE PRINT

NAME (As it appears on official records --- ***NO NICKNAMES PLEASE***)

Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Mailing Address: _____
Street City State Zip Code

Sex : ☐ Male ☐ Female Ethnicity: ☐ Black ☐ White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information. I also understand that I will be responsible for a fee **($50.20 Non-Certified / $57 Certified)** to pay for the fingerprinting process.

I further understand my employment is contingent upon satisfactory clearance of investigation of record for felony conviction.

_____ _____
Signature Date

***This form will be removed from the application and filed separately in the personnel office.**