

# RIVIERA ISD

## Employment Application

203 Seahawk Drive  
Riviera, Texas 78379  
Phone: (361) 296-3101  
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Website: [www.rivieraisd.us](http://www.rivieraisd.us)



*Rooted in Tradition, Growing with Pride!*

## Office Personnel

Application for

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

Position for which you applying \_\_\_\_\_

# RIVIERA ISD EMPLOYMENT APPLICATION FOR OFFICE PERSONNEL

**Riviera ISD is an Equal Opportunity Employer\***

**Date of Application** \_\_\_\_\_ **Social Security Number:** XXX-XX-\_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_  
Last First Middle Initial

Current address \_\_\_\_\_  
Street City State ZIP Code

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

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Other name that may appear on records \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of \_\_\_\_\_  
*(Used for certification, reference, and criminal history record checks)*

**Education / Training**

List the position for which you are applying \_\_\_\_\_

Credentials included with application:

- Résumé
- Certificates or Licenses
- Transcripts

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

Have you been employed by RIVIERA ISD in the past?  Yes  No

If you answered yes, provide position and dates of employment \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name/Location of Schools Attended (High School/College)	Course of Study Number of Hours	Diploma, Degree or Certificate Granted	Year Graduated

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<b>Experience</b>	<p><b>List specific equipment you can operate:</b> (computer, typewriter, adding machine, etc.)</p> <p>1. _____ 2. _____ 3. _____</p> <p>4. _____ 5. _____ 6. _____</p> <p><b>Please indicate with which of the following you have had experience:</b></p> <p><input type="checkbox"/> PEIMS    <input type="checkbox"/> Attendance Records    <input type="checkbox"/> Financial Deposits    <input type="checkbox"/> Typing    <input type="checkbox"/> Filing</p> <p><input type="checkbox"/> General Record Keeping    <input type="checkbox"/> Other: _____</p>
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<b>Work History</b>	<p><b>Please provide a list of jobs or administrative positions you have held in the past 5 years beginning with the most current. Attach additional sheet(s) if necessary.</b></p>	
	<p>_____</p> <p>Place of Employment and Location</p> <p>_____</p> <p>Job Assignment</p> <p>_____</p> <p>Dates Employed</p> <p>_____</p> <p>Supervisor's Name and Phone</p> <p>_____</p> <p>Reason for Leaving</p>	<p>_____</p> <p>Place of Employment and Location</p> <p>_____</p> <p>Job Assignment</p> <p>_____</p> <p>Dates Employed</p> <p>_____</p> <p>Supervisor's Name and Phone</p> <p>_____</p> <p>Reason for Leaving</p>

<b>References</b>	<p><b>Please list references the district can contact regarding your work history:</b></p>			
	Company Name and Address	Employer/Supervisor Name	Position Held	Company Phone Number



**DPS Computerized Criminal History (CCH) Verification**

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 information I supply.

**PRINT Name of Applicant or Employee**

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and that I am responsible for the fee 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**

**FOR OFFICE USE ONLY:**

Check and Initial each Applicable Space

\* \_\_\_\_\_  
**Date**

CCH Report Printed:  
YES \_\_\_\_ NO \_\_\_\_ \_\_\_\_\_Initial

Riviera Independent School District  
Agency Name

Purpose of CCH: \_\_\_\_\_

Hired \_\_\_\_ Not Hired \_\_\_\_ \_\_\_\_\_Initial

\_\_\_\_\_  
Agency Representative Name (Please Print)

Date Printed: \_\_\_\_\_ \_\_\_\_\_Initial

\_\_\_\_\_  
Signature of Agency Representative

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_Initial

\_\_\_\_\_  
Date

**Retain in your files.**