

RIVIERA ISD

Employment Application

203 Seahawk Drive
Riviera, Texas 78379
Phone: (361) 296-3101
Fax: (361) 296-3108
Website: www.rivieraisd.us



Rooted in Tradition, Growing with Pride!

Office Personnel

Application for

_____ Name

_____ Address

_____ City, State, Zip

Position for which you are 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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Experience	<p>List specific equipment you can operate: (computer, typewriter, adding machine, etc.)</p> <p>1. _____ 2. _____ 3. _____</p> <p>4. _____ 5. _____ 6. _____</p> <p>Please indicate with which of the following you have had experience:</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>																							
Work History	<p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Place of Employment and Location</td> <td style="width: 50%; border-bottom: 1px solid black;">Place of Employment and Location</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Job Assignment</td> <td style="border-bottom: 1px solid black;">Job Assignment</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Dates Employed</td> <td style="border-bottom: 1px solid black;">Dates Employed</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor's Name and Phone</td> <td style="border-bottom: 1px solid black;">Supervisor's Name and Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Reason for Leaving</td> <td style="border-bottom: 1px solid black;">Reason for Leaving</td> </tr> </table>				Place of Employment and Location	Place of Employment and Location	Job Assignment	Job Assignment	Dates Employed	Dates Employed	Supervisor's Name and Phone	Supervisor's Name and Phone	Reason for Leaving	Reason for Leaving										
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References	<p>Please list references the district can contact regarding your work history:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Company Name and Address</th> <th style="width: 25%;">Employer/Supervisor Name</th> <th style="width: 20%;">Position Held</th> <th style="width: 20%;">Company Phone Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Company Name and Address	Employer/Supervisor Name	Position Held	Company Phone Number																
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General Information	<p>Do you have a relative who serves on the Board of Trustees or is an employee of RIVIERA ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>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 indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense. _____</p> <p>_____</p> <p><i>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.</i></p>
Verification	<p>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.</p> <p>I authorize the references listed on the previous page 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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants. I understand that periodic submission to random drug testing may be a condition of employment.</p> <p style="text-align: center;"> _____ Applicant Signature _____ Date </p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Patricia Thornton, Superintendent, 203 Seahawk Dr., 361-296-3101.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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 _____	NO _____ _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	