

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!

Campus Administrator

Application for

_____ Name

_____ Address

_____ City, State, Zip

Position for which you applying _____

RIVIERA ISD EMPLOYMENT APPLICATION FOR CAMPUS ADMINISTRATOR

*Riviera ISD is an Equal Opportunity Employer**

Date of Application _____ Social Security Number: XXX-XX-_____																					
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Last</i> <i>First</i> <i>Middle initial</i> </div> Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>ZIP Code</i> </div> Email Address _____ Home Phone _____ Cell Phone _____ Other Phone _____ Other name that may appear on records _____ Driver's License Number _____ from State of _____ <p style="text-align: center; font-size: small;"><i>(Used for certification, reference, and criminal history record checks)</i></p>																				
Position Data	List the position for which you are applying: _____ Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> Letter of Interest <input type="checkbox"/> Letter(s) of Recommendation <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Date you can begin work _____ Have you been employed by RIVIERA ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____ Reason for leaving: _____																				
Education/Training	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and Location of Schools Attended</th> <th style="width: 20%;">Course of Study and Major/Minor</th> <th style="width: 30%;">Diploma, Degree, Certificate, or License Granted</th> <th style="width: 20%;">Year Graduated <i>(College only)</i></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>	Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Granted	Year Graduated <i>(College only)</i>																
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Certification/Licensure	<p>Certificates or Licenses currently held:</p> <p><input type="checkbox"/> Superintendent of Schools</p> <p><input type="checkbox"/> Mid-Management Administrator</p> <p><input type="checkbox"/> Valid Texas Educator Certification</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Teaching Experience	List teaching experience beginning with most recent years.			
	Name / Location of School		Name / Location of School	
	Type of Assignment		Type of Assignment	
	Dates Taught		Dates Taught	
	Principal's Name / Phone		Principal's Name / Phone	
	Reason for Leaving		Reason for Leaving	
	Name / Location of School		Name / Location of School	
	Type of Assignment		Type of Assignment	
	Dates Taught		Dates Taught	
	Principal's Name / Phone		Principal's Name / Phone	
Reason for Leaving		Reason for Leaving		

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Administrative Experience	Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary.				
	Employer Name and Location		Employer Name and Location		
	Position/Title Held		Position/Title Held		
	Dates Employed		Dates Employed		
	Supervisor's Name /Phone		Supervisor's Name / Phone		
	Reason for Leaving		Reason for Leaving		
	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

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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>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 style="text-align: center;"><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;">_____</p> <p style="text-align: center;">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 Karen Unterbrink, Superintendent, 203 Seahawk Dr., 361-296-3101.



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.

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

* _____
Date

Riviera Independent School District
Agency Name

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

FOR OFFICE USE ONLY:

Check and Initial each Applicable Space

CCH Report Printed:
YES ____ NO ____ _____ Initial

Purpose of CCH: _____

Hired ____ Not Hired ____ _____ Initial

Date Prited: _____ _____ Initial

Destroyed Date: _____ _____ Initial

Retain in your files.

