

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!

Auxiliary Personnel

Application for

Name

Address

City, State, Zip

Position for which you applying _____

RIVIERA ISD EMPLOYMENT APPLICATION FOR AUXILIARY 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/Box 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

Position(s) for which you are applying:

- Maintenance/Grounds Cafeteria Worker
 Custodian Bus Driver

If you are applying to be a bus driver:

- Do you have a CDL? Yes No Date of Expiration _____/_____/_____
- Do you have a current Bus Driver's Certificate? Yes No
 If yes, what is the Date of Expiration? _____ / _____

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)	Number of Hours	Diploma/Certificate Granted	Year Graduated

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Experience	List specific equipment you can operate: 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
Work History	Please provide a list of jobs you have held in the past 10 years beginning with the most current. Attach additional sheet(s) if necessary. _____ Place of Employment and Location _____ Job Assignment _____ Dates Employed _____ Supervisor's Name and Phone _____ Reason for Leaving _____ Place of Employment and Location _____ Job Assignment _____ Dates Worked _____ Supervisor's Name and Phone _____ Reason for Leaving	

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

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.