



**PLEASE TYPE OR PRINT IN INK**  
**EDCOUCH – ELSA**  
**INDEPENDENT SCHOOL DISTRICT**  
**P.O. BOX 127 \* EDCOUCH, TX 78538 \* (956) 262-6000**

**Application for the following positions:**

**Check box(s) for which you are applying:**

- TEACHER AIDE**
- |   |   |
|---|---|
| <input type="checkbox"/> <b>MAINTENANCE</b> | <input type="checkbox"/> <b>SECRETARY</b> |
| <input type="checkbox"/> <b>BUS DRIVER</b>  | <input type="checkbox"/> <b>CLERK</b>     |
| <input type="checkbox"/> <b>CUSTODIAN</b>   | <input type="checkbox"/> <b>CAFETERIA</b> |

**All items listed below must be completed and/or attached to this application.**

- \_\_\_\_\_ **Application (All blanks must be completed and signed)**
- \_\_\_\_\_ **Form I-9 (Bring Driver's License and Social Security Card to make Copies)**
- \_\_\_\_\_ **W-4 Form**
- \_\_\_\_\_ **High School Diploma / G.E.D.**
- \_\_\_\_\_ **Original Transcript (If you have completed 60 hrs. or more; or have a Degree**
- \_\_\_\_\_ **T.B. Skin Test / RPR Blood Test (If applying for Cafeteria)**
- \_\_\_\_\_ **Food Handler's Certificate (If applying for Cafeteria)**
- \_\_\_\_\_ **Addendum for Bus Driver Applicants**
- \_\_\_\_\_ **Sexual Harassment Training (Given by the School District) request date and time  
@ Personnel Office**



**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

<b>Work Experience</b>	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 resume if available.			
	<b>Employer and location</b>	<b>Position/title</b>	<b>Dates employed</b>	<b>Reason for leaving</b>
<b>Special Skills</b>	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____			
<b>General Information</b>	<p>Do you have a relative who serves on the <b>Edcouch – Elsa ISD</b> Board of Education?  <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 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>			

**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

<b>References</b>	Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.				
	Full name of reference	School district/ firm name	Mailing address	Position/Title	Area code, phone number

<b>Verification</b>	<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 or fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed above to give you any 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 authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.</p>	
	<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>
	<p>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 <b>6</b> months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>	

## ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS

Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and a drug test.

*An Equal Opportunity Employer*

### Personal Data

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hours available for work \_\_\_\_\_ Driver's license number \_\_\_\_\_ Type \_\_\_\_\_

Do you have a Texas School Bus Driver Training Certificate? \_\_\_\_\_  Yes  No

Have you ever had a driver's license suspended, revoked, or cancelled? \_\_\_\_\_  Yes  No

If you answered yes, explain \_\_\_\_\_

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Are there any criminal charges or proceedings pending against you? \_\_\_\_\_  Yes  No

If you answered yes, explain \_\_\_\_\_

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Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any serious traffic violation?  Yes  No

If you answered yes, explain \_\_\_\_\_

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In the Past two years, have you failed an employer's alcohol or drug test? \_\_\_\_\_  Yes  No

If you answered yes, explain \_\_\_\_\_

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**ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS**

**Driving Experience**

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Type of work	Dates employed	Reason for leaving

**Verification**

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code 521.002 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be use; previous employers to be contacted for investigative purpose; and release all parties from any liability for damage that may result from furnishing information to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

### Confidential

The **Edcouch-Elsa** Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code 22.083). The information requested below is necessary to obtain criminal history record information.

*Please print.*

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

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

# BOARD OF EDUCATION

## EDCOUCH-ELSA INDEPENDENT SCHOOL DISTRICT

PRESIDENT            Juan J. Ybarra            P.O. Box 297, Elsa

V-PRESIDENT        Felix Garza            P.O. Box 1962, Elsa

SECRETARY           Domingo Rodriguez      P.O. Box 466, Elsa

### TRUSTEES:

Florestela Rodriguez	P.O. Box 1793,	Elsa
Esperanza Salinas	P.O. Box 994,	Elsa
Saul Garcia	P.O. Box 43	Edcouch
Manuel Hernandez	P.O. Box 202	Elsa

## NEPOTISM

Date: \_\_\_\_\_

I certify that I am not related to any school board member presently serving on the  
Edcouch-Elsa Independent School District.

Signature: \_\_\_\_\_

**EDCOUCH-ELSA INDEPENDENT SCHOOL DISTRICT**

**CERTIFICATION OF EXAMINATION**

**OF**

**SCHOOL PERSONNEL FOR TUBERCULOSIS**

In compliance with Texas Law, each school employee is required to furnish the superintendent on or before September 1<sup>st</sup> of each year a certificate, signed by a person licensed to practice medicine in this state, revealing that he/she has been examined for the disease of tuberculosis during the period of the time not exceeding one hundred twenty (120) days prior to September 1<sup>st</sup> of each year, and revealing the results of such examination. No person shall be permitted to perform his or her duties who has not complied with this requirement.

**TO BE FILLED IN BY EMPLOYEE**

Name \_\_\_\_\_ Position \_\_\_\_\_

Social Security \_\_\_\_\_ Address \_\_\_\_\_

**TO BE FILLED IN BY PHYSICIAN**

Tuberculin Test:      Date \_\_\_\_\_      Negative \_\_\_\_\_      Positive \_\_\_\_\_

Chest X-Ray:      Date \_\_\_\_\_      Negative \_\_\_\_\_      Positive \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

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**IT IS THE RESPONSIBILITY** of each employee to return this complete form to the Superintendent's Office prior to assuming duties.