

#### WEBB CONSOLIDATED ISD P.O. BOX 206 619 AVE. F BRUNI, TEXAS 78344

#### EMPLOYMENT APPLICATION FOR SERVICE & SUPPORT PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

#### **An Equal Opportunity Employer**

| Name  |                                       |                 |            |
|---|---------------------------------------|-----------------|------------|
| NameLast  | First                                 | Middle In       | itial      |
| Date  | Social Security No.                   |                 |            |
| Current Address   | e 1                                   |                 |            |
| Street/Box  | City                                  | State           | Zip Cod    |
| Work Phone No   | Home or Cell Phon                     | e No            |            |
| Name used on records if different (to be used for reference chec  | from present nameks)                  |                 |            |
| TION DATA   |                                       |                 |            |
| Position for which you are applyi   | ng                                    |                 |            |
| Type of Employment: Full-time   | e Part-time                           | Summer only     |            |
| Date available  | · · · · · · · · · · · · · · · · · · · |                 |            |
| Are you a former WEBB CISD en   | mployee No                            | Yes (Dates)     |            |
| CATION/TRAINING   |                                       |                 |            |
| Check highest level attained:   |                                       |                 |            |
| <ul> <li>Not high school graduate (cir</li> <li>GED</li> <li>High School graduate</li> <li>College: How many years</li> </ul> |                                       | 1 2 3 4 5 6 7 8 | 9 10 11 12 |
| Licenses/Certificates held:   |                                       |                 |            |
|   |                                       |                 |            |



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|------|-----|----------|-----|--------|------|
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| ame of School & Location                     | Course of Study<br>Major/Minor Fields | Diploma, Degree or<br>Certificate | Year<br>Graduated |
|--|---------------------------------------|-----------------------------------|-------------------|
|  |                                       |                                   |                   |
|  |                                       |                                   |                   |
| · · · · · · · · · · · · · · · · · · ·        |                                       |                                   |                   |
|  |                                       |                                   |                   |
| ECIFIC SKILLS  List specific skills, softwar | e proficiency: machines or e          | equipment you can operate.        |                   |
|  | e proficiency; machines or e          | equipment you can operate.        |                   |
|  | e proficiency; machines or e          | equipment you can operate.        |                   |
|  | e proficiency; machines or e          | equipment you can operate.        |                   |
|  | e proficiency; machines or e          | equipment you can operate.        |                   |

#### **WORK EXPERIENCE**

| Name of Employer & Location | Type of Assignment | Employment Dates | Reason of Leaving |
|-----------------------------|--------------------|------------------|-------------------|
|                             |                    |                  |                   |
|                             |                    |                  |                   |
|                             | F.,                |                  |                   |
|                             |                    |                  |                   |
|                             |                    |                  |                   |
|                             | 4. ,               |                  |                   |
|                             |                    |                  |                   |

#### **REFERENCES**

List references the district can contact regarding your work history.

| Full Name of Individual | Name of Company | Position / Title of Reference | Area Code/Phone # |
|-------------------------|-----------------|-------------------------------|-------------------|
|                         |                 |                               |                   |
|                         |                 |                               |                   |
|                         | ,               | 2 12                          |                   |
|                         |                 |                               |                   |



### WEBB CONSOLIDATED ISD GENERAL INFORMATION/VERIFICATION

#### **GENERAL INFORMATION**

| 190                           | Yes; if so, name   | Relationship  |
|-------------------------------|--|---|
|                               |  |   |
| suspension, on not limited to | or deferred adjudication for a felor                                   | or no contest (nolo contendere) to, or received probing or offense involving moral turpitude (including, and indecency with a minor)? No Y offense:             |
|                               |  | employment. The district will consider the nature, position for which you are applying.   |
| ICATION                       |  | <del></del>   |
| knowledge, a                  | and understand that any deliberate                                     | n this application is true and accurate to the best of<br>e falsification, misrepresentation, or omissions of fa<br>n or dismissal from subsequent employment.  |
|                               | employment and any pertinent in  | as page to give you any and all information concern<br>aformation they may have, personal or otherwise, a<br>lamage that may result from furnishing same to you |
|                               |  | xas Education Code to review criminal history reco  |
| release all su I understand   | that the district is required by Texon applications selected for emplo | •   |
| I understand information      | on applications selected for emplo                                     | •   |
| I understand information      | on applications selected for emplo                                     | oyment.   |

<sup>\*</sup>The WEBB CISD District Title IX Coordinator is Jimmy E. Padilla, P.O. Box 206, Bruni, Texas 78344, Telephone number: 361-747-5415 ex. 1005



#### WEBB CONSOLIDATED ISD BOARD OF TRUSTEES

MELISSA L. PENA
JULIA A. CANTU
JOCELYN "JOSIE" GOMEZ
GILBERTO DAVILA
SANTIAGO "CHAGO" SALINAS
RAMIRO RAMOS
LARRY LOWE

Consanguinity (blood) kinship: Board Member is prospective employees:

1st Degree

Parent Child 2<sup>nd</sup> Degree

Grandparent Grandchild

Sister/Brother

3rd Degree

Great Grandparent Great Grandparent

Aunt/Uncle Niece/Nephew

Affinity (marriage) kinship:

Board Member's spouse is the prospective employee's or prospective employee's spouse is the board member's:

1st Degree

Parent Child 2<sup>nd</sup> Degree

Grandparent Grandchild

Sister/Brother

Termination of a marriage by divorce or death of a spouse terminates the affinity relationship UNLESS a child of that marriage is living. In that case, the marriage is treated as continuing to exist for as long as a child of the marriage lives.



#### WEBB CONSOLIDATED ISD An Equal Opportunity Employer

### Addendum for School Bus Driver

| 14dille   | Date  |    |    |
|---|---|----|----|
| Driver's License No   | Type  |    |    |
| Have you ever had a driver's license  | suspended, revoked, or cancelled:                                     | No | Ye |
| If you answered yes, explain  |   |    |    |
|   | oceedings pending against you?  |    |    |
|   |   |    |    |
|   |   |    |    |
| suspended, or deferred adjudication for   | d guilty or no contest (nolo contender) to, or any traffic violation? | No | Y  |
| suspended, or deferred adjudication for the suspended of the suspended in | or any traffic violation?   | No | Y  |
| suspended, or deferred adjudication for the suspended of the suspended in | or any traffic violation?   | No | Y  |
| suspended, or deferred adjudication for If you answered yes, explain  In the past two years, have you failed  | or any traffic violation?   | No |    |



# WEBB CONSOLIDATED ISD CRIMINAL HISTORY RECORD INFORMATION REQUEST CONFIDENTIAL

The WEBB CONSOLIDATED ISD is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information required below is necessary to obtain criminal history record information.

| NameLast                     | First  |               | Middle |
|------------------------------|--|---------------|--------|
| Social Security Number       | 1  | Date of Birth |        |
| Driver License               |  |               |        |
| Number                       |  | State         |        |
| Mailing Address              |  |               |        |
| Street                       | City   | State         | Zip    |
| Ethnicity:Black _            | White / Other  |               |        |
| ITIONAL INFORMATIO           | N  |               |        |
| Do you have any additiona    | I social security numbers?   | No Yes        |        |
| If yes, list the names and n | umbers:  |               |        |
| Name                         |  | Number        |        |
| Name                         |  | Number        |        |
|                              | I am providing about age, se ll be used <i>solely</i> for the purp |               |        |
| ture of Applicant            |  |               |        |



Date

### WEBB CONSOLIDATED ISD DRVING EXPERIENCE/VERIFICATION

#### **Driving Experience**

Provide your work history information for the past ten (10) years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first.

| and the same of th |  | A STATE OF THE STA |  |
|--|--|--|--|
| Employer, Address & Phone  | Kind of Work   | Dates Employed   | Reason for Leaving   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| VERIFICATION I hereby affirm that all the inform knowledge and understand that as grounds for rejection of my applied I understand that WEBB CISD is previous employees for two (2) y and Transportation Code §521.02  | ny deliberate falsifications, recation or dismissal from the required by federal regulation ears prior to this application | nisrepresentations, or<br>subsequent employr<br>ons to obtain alcohol<br>and required by Tex   | or omissions of fact may be ment.  I and drug testing results from |
| I authorize the information I have<br>investigative purposes; and releas<br>information to you.  | •  | 1 7  |  |
| Signature of Applicant   |  |  |  |



## WEBB CONSOLIDATED ISD DRVING EXPERIENCE/VERIFICATION

| RIFICATION (cont'd)                |  |
|------------------------------------|--|
| If yes, list the name and numbers: |  |
| Name                               | Number   |
| Name                               | Number   |
| ,                                  | ding about age, sex, and ethnicity will not be used to determine |
| • •                                | solely for the purpose of obtaining criminal history record      |
| • •                                | solely for the purpose of obtaining criminal history record      |
| mation.                            | solely for the purpose of obtaining criminal history record      |
| mation.                            | solely for the purpose of obtaining criminal history record      |