

**Gulf Coast Council of La Raza, Inc.**

**Dr. M. L. Garza-Gonzalez Charter School**

**Employment Application**

To be considered for employment a fully completed application with the following documentation needs to be submitted:

1. Resume (for professional positions only)
2. List of 3 references with phone numbers (please include your last employment supervisor or principal)
3. Copies of Certification (TEA or state licenses)
4. Copies of College/University Transcripts (Unofficial at time of application; Official required if hired)
5. Original social security card (no copies accepted)
6. Original valid driver's license (no copies accepted)

Submit the completed and signed application with attachments using one of the following options:

- Delivery by mail or in person to :

Gulf Coast Council of La Raza, Inc.  
Dr. M. L. Garza-Gonzalez Charter School  
4129 Greenwood Dr.  
Corpus Christi, TX 78416

- Email the Business Office at [BusinessOffice@gcclr.org](mailto:BusinessOffice@gcclr.org)

Note: You MUST include the word **"application"** in the subject line.

- Fax (361) 881-9994

**EQUAL OPPORTUNITY EMPLOYER**

GULF COAST COUNCIL OF LA RAZA IS AN EQUAL OPPORTUNITY EMPLOYER. GCCLR DOES NOT DISCRIMINATE AGAINST WORK ELIGIBLE INDIVIDUALS. GCCLR DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY IN PROVIDING EMPLOYMENT, EDUCATION OR PROVIDING ACCESS TO BENEFIT OF EDUCATION SERVICES, ACTIVITIES, AND PROGRAMS, INCLUDING VOCATIONAL PROGRAMS. IN ACCORDANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED; TITLE IX OF THE EDUCATIONAL AMENDMENTS OF 1972; SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED/AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT.

GULF COAST COUNCIL OF LA RAZA, INC.  
Dr. M.L. Garza Gonzalez Charter School  
4129 Greenwood Drive  
Corpus Christi, Texas 78416

**Employment Application**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Enter without dashes

Address \_\_\_\_\_  
Number Street Apt# City State Zip

Day Time Phone# \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ Enter numbers only

POSITION APPLIED FOR: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Do you possess a valid driver's license? Yes No

If yes, Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you know another language? Yes No

If yes, indicate Language and mark learned skills: \_\_\_\_\_ Speak Read Write

**EMPLOYMENT**

List all employment (Including military service) for at least the past ten years. Begin with your previous position and date back.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

**EDUCATION**

**Proof of highest level of education is required. To receive credit for your education and training, you must provide copies of your highest DIPLOMA, TRANSCRIPT and/or CERTIFICATES**

EDUCATION: HIGH SCHOOL GRADUATE? If Yes, when? \_\_\_\_\_ If No, last grade completed? \_\_\_\_\_

College-University-Trade Business-Correspondence	From	To	Major Areas of Study	Sem/Qtr Degree Granted
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You may provide additional experience and/or training you have, which in your opinion would qualify you for the position you seek.

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**Current Licenses/Certifications/Registrations**

Type	Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS**

- 1. Have you been dismissed or asked to resign from a job within the last 5 years? Yes      No
- 2. Have you ever been convicted of a crime? Yes      No
- 3. Is your driver's license currently restricted, suspended or revoked? (Original is require) Yes      No
- 4. Do you, or your spouse, have any relative working for the Gulf Coast Council of La Raza, Inc.? Yes      No

If so, write the names and relationships below

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GCCLR IS A DRUG AND TOBACCO FREE ENVIRONMENT, ALL APPLICANTS ARE SUBJECT TO DRUG TESTING**

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May we contact your present employer? Yes No

**RELEASE AND AUTHORIZATION-READ CAREFULLY BEFORE SIGNING**

I certify that I have made no willful misrepresentations in this application nor have I withheld information In my statements and answers to questions. I am aware that the information given by me in my application will be investigated. I authorize GCCLR to investigate and conduct any necessary criminal background checks and to obtain from education institutions and from my current and former employers, all data needed to support this application (subject to any reservations regarding my current employer noted in previous questions). I further understand that falsification or omission of information is grounds for rejection on this application and should I be appointed may be grounds for dismissal. I further understand that this application becomes property of Gulf Coast Council of La Raza, Inc.

\_\_\_\_\_  
Signature

TO BE COMPLETED BY APPLICANT

Please provide the following information, which is used for internal statistical purposes and reporting to governmental regulatory agency only. This information will be detached from your application, and will in no way be used in consideration of your application for employment.

PLEASE CHECK ONE MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING (See definitions before marking selection)

WHITE: BLACK: AMERICAN INDIAN: HISPANIC: ASIAN AMERICAN OTHER:  
Are you a U.S. Citizen? Yes: No: National Origin: \_\_\_\_\_

If no, Alien Registration #: \_\_\_\_\_

Are you a veteran of the U.S. Armed Forces? Yes: No:  
(Veteran is defined as someone who has served 180 consecutive days of active duty)

DEFINITIONS

NOTE: For purposes of statistical tabulation, the following categories are used:

White - includes persons of Indian-European descent, including Pakistani and East Indian persons.

Black - includes persons of African descent as well as those identified as Jamaican, Trinidad Indian, and West Indian.

Hispanic - includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.

American Indian - includes persons who identify themselves or are as such by virtue of tribal association.

Asian American - includes persons of Japanese, Chinese, Korean, or Filipino descent.