



Employment Application for Substitute

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

An Equal Opportunity Employer

PERSONAL DATA

Date of Application _____		Social Security Number _____	
Name _____			
Last		First	Middle Initial
Current address _____			
Home phone _____		Work phone _____	
Other name that may appear on records _____ (Used only for reference checks)			

EDUCATION/TRAINING

Check the highest level of education attained:

- | | |
|---|---|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> Two or more years of college |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Master's degree |

Other training or education _____

Certificates or license currently held _____

- Name and location of high school attended _____
Course of study _____
Year graduated _____
- Name and location of college attended _____
Course of study _____
Year graduated _____
- Name and location of college attended _____
Course of study _____
Year graduated _____



GENERAL INFORMATION

- Have you been employed by Webb CISD in the past? _____ Yes _____ No
If you answered yes, provide date(s) of employment _____
- Are you receiving Texas Teacher Retirement (TRS) benefits? _____ Yes _____ No
- Have you ever been convicted of, plead 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)? _____ Yes _____ No

If yes, please state where, when and the nature of the offense _____

(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.)

- Are you related to a member of the Webb CISD Board of Trustees? _____ Yes _____ No
(See attached list of member and relationship)

REFERENCE

List references the district can contact regarding your work history. Include all managers and supervisor who evaluated or supervised your performance at your last two employers.

(1.) Name of reference _____ Position _____

Name of business _____

Location (city/state) _____ Phone Number _____

(2.) Name of reference _____ Position _____

Name of business _____

Location (city/state) _____ Phone Number _____

(3.) Name of reference _____ Position _____

Name of business _____

Location (city/state) _____ Phone Number _____



WORK EXPERIENCE

- **Name of business** _____
Position / Title _____
Date employed _____
Reason of leaving _____

- **Name of business** _____
Position / Title _____
Date employed _____
Reason of leaving _____

- **Name of business** _____
Position / Title _____
Date employed _____
Reason of leaving _____

- **Name of business** _____
Position / Title _____
Date employed _____
Reason of leaving _____

- **Name of business** _____
Position / Title _____
Date employed _____
Reason of leaving _____



VERIFICATION

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 falsification, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the reference 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.

I understand that Webb CISD is authorized by Texas Education Code §22.083 to obtain criminal history

- record information on applicants the district intends to employ.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it.



DAYS AVAILABLE TO SUBSTITUTE, ASSIGNMENT PREFERENCE & CAMPUS PREFERENCE

Name of Applicant _____

Assignment:

- _____ Teacher
- _____ Custodian
- _____ Cafeteria Worker
- _____ Bus Driver

Day(s) of week availability to substitute:

- _____ All days
- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday

Campus Preference:

- _____ All Campuses
- _____ High School
- _____ Middle School
- _____ Elementary

Phone number(s) where we can contact you when you need to substitute.



**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

2nd 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

2nd 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.



CRIMINAL HISTORY RECORD INFORMATION REQUEST
CONFIDENTIAL

The Webb Consolidated Independent School District 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.

Please Print

Name _____
(Last, First, Middle)

Social Security Number _____ Date of Birth _____

Driver's License _____
Number State

Mailing Address _____
Street City State Zip code

Sex: ___ Male ___ Female

Ethnicity: ___ Black ___ White/Other

Do you have any additional social security numbers? ___ No ___ Yes

If yes, list the names and numbers:

Name _____ Number _____

Name _____ Number _____

I understand that the information I am providing about age, sex and ethnicity will not be used to determine eligibility of employment but will be used **solely** for the purpose of obtaining criminal history record information.

Signature

Date