LASARA ISD P.O. Box 57 Lasara, TX 78561 (956) 642-3598 (956) 642-3546 FAX An Equal Opportunity Employer*

Dat	Date of application					
Personal Data	Name	Street/Box u may be reached Cell phone	First City S Oth	er phone		
Position Data	List the position(s) for which you are applying Type of employment: □ Full-time □ Part-time □ Summer only Date you can begin work Have you been employed by Lasara ISD in the past? □ Yes □ No If you answered yes, provide dates of employment					
Special Skills	List specific skills, soft Include number of year 1 2 3	s of experience.	any machines or equ 4 5 6			
e	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 résumé if available. Employer name and location Employer name and location					
Work Experience	Position/title held		Position/title held			
	Dates employed		Dates employed			
Š	Supervisor's name and phone		Supervisor's name and phone			
	Reason for leaving		Reason for leaving			

APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

	Employer name and location				Employer location	name and		
ience	Position/title held				Position/tit	tle held		
Work Experience	Dates employed				Dates emp	loyed		
Work	Supervisor's name and phone				Supervisor and phone			
	Reason for leaving				Reason for	leaving		
	Please list reference	es the	district can c	ontact r	egarding y	our work	history.	
	Full name of reference		ool district/ rm name		ailing dress	Positio	on/title	Area code/ phone number
nces								
References								
	List the highest leve	el of e	ducation atta	ined:				
	Licenses and certificates granted							
Education/Training	Name and location schools attended			•	Diploma, degree, certi or license grante		ertificate, nted	Year graduated (College only)
ation/1								
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	Do you have a relative who serves on the Board of Education or is an employee of Lasara ISD?				
	□ Yes □ No If yes, please provide the relative's name and relationship:				
General Information	Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)? \Box Yes \Box No				
enera	If yes, please state where, when, and the nature of the offense				
Ō					
	(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.)				
uc	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.				
	I authorize the references listed above 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.				
Verification	I understand that the district is required by Texas Education Code to review criminal history of applicants.				
Ve	Signature Date				
	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 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.				

*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 <u>Janie Livas</u>.

Confidential^{*}

The Lasara 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 requested below is necessary to obtain criminal history record information.

Please print.

Name				
Last	First	st	Middle	
Social Security Number	Date	Date of birth		
Driver's License				
Stat	e and Number			
Mailing Address				
Street	City	State	Zip	
Sex: 🗆 Male 🗖 Female	Ethnicity:	□ Black □ White/Othe	r	

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 HR office.

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 drug test.

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Personal Data

Name	Phone number				
Hours available for work	Driver's license number	Type			
Do you have a Texas School H	Bus Driver Training Certificate?	🛛 Yes 🖵 No			
Have you ever had a driver's l	🗆 Yes 🗖 No				
If you answered yes, expla	uin				
Are there any criminal charges	s or proceedings pending against you?	Yes No			
If you answered yes, expla	in				
Have you ever been convicted	of, pled guilty or no contest (nolo contendre) to, o	or received			
probation, suspension, or defe	rred adjudication for any traffic violation?	🗆 Yes 🗖 No			
If yes, state where, when, a	and the nature of the offense				
In the past two years have you	u failed an employer's alcohol or drug test?	□ Yes □ No			
If you answered yes, expla					
ii you anon erea yes, enpra					

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	Kind 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 Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, 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 §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check.

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

Signature

Date

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