



## Auxiliary Personnel

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

203 Seahawk Drive Riviera, Texas 78379  
Phone: (361) 296-3101 Fax: (361) 296-3108

Website: [www.rivieraisd.us](http://www.rivieraisd.us)

# RIVIERA INDEPENDENT SCHOOL DISTRICT - EMPLOYMENT APPLICATION FOR CERTIFIED PERSONNEL

*Riviera ISD is an Equal Opportunity Employer\**

Date of Application \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

Personal Data

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

Current address \_\_\_\_\_  
Street/Box City State ZIP Code

Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Other name that may appear on records \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of \_\_\_\_\_

*(Used for certification, reference, and criminal history record checks)*

Position Data

Position(s) for which you are applying:

- Maintenance   
  Cafeteria Worker   
  Custodian   
  Bus Driver

If you are applying to be a bus driver:

- Do you have a CDL?      YES/NO      Date of Expiration \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Do you have a current Bus Driver's Certificate? YES/NO If yes, Date of Expiration \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date you can begin work \_\_\_\_\_

Have you been employed by RIVIERA ISD in the past?  Yes  No

If you answered yes, provide dates of employment \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Education / Training

Name and Location  
of Schools Attended

Course of Study  
and Major/Minor

Diploma, Degree, or  
Certificate Granted

Year Graduated  
*(College only)*


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<b>Experience</b>	<p><b>List specific equipment you can operate:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>
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<b>Please provide a list of jobs you have held in the past 10 years beginning with the most current. (Attach additional sheets if necessary.)</b>				
<b>Work History</b>	Place of Employment and Location		Place of Employment and Location	
	Job Assignment		Job Assignment	
	Dates Employed		Dates Employed	
	Supervisor's Name and Phone		Supervisor's Name and Phone	
	Reason for Leaving		Reason for Leaving	
	Place of Employment and Location		Place of Employment and Location	
	Job Assignment		Job Assignment	
	Dates Employed		Dates Employed	
	Supervisor's Name and Phone		Supervisor's Name and Phone	
	Reason for Leaving		Reason for Leaving	

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<b>References</b>	<b>Please list references the district can contact regarding your work history:</b>				
	Full Name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area Code/ Phone Number

<b>General Information</b>	Do you have a relative who serves on the Board of Trustees or is an employee of RIVIERA ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____
	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 any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="radio"/> Yes <input type="radio"/> 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.*

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

I authorize the references 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 the district is required by Texas Education Code to review criminal history of applicants. I understand that periodic submission to random drug testing may be a condition of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*\*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 Patricia Thornton, 203 Seahawk Dr., 361-296-3101.

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**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, Acknowledge that a Computerized

(applicant or employee name, please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (please print)

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

**Please:**  
**Check and Initial each Applicable Space**

CCH Report Printed:  
YES \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_ Vol/Contractor \_\_\_ \_\_\_\_\_ initial

Date Printed: \_\_\_\_\_ \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ initial

**Retain in your files**

REV. 09/2015

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