

EMPLOYMENT APPLICATION FOR SERVICE AND 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 ***

<u> </u>	EASE PRINT OR TYPE CLEARLY	•	*** An Equal Opportu	riity ⊑rripioyer	
	ate of Application: Social Security Number:				
	Name:				
elsonal bata	(Last)	(First)		(Middle Initial)	
3	Current Address:				
	(Street/Box)	(Cit	y) (:	State) (Zip)	
1	Other address where you may be reached:				
	Work Phone:	Hon	Home Phone:		
	Other name that may appear on records (used for reference check):				
	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 ever been employed by this school district? yes □ no □ If yes, provide dates of employment:				
2	Check highest educational level attained: ☐ Not high school graduate (Circle last grade completed:) 1 2 3 4 5 6 7 8 9 10 11 12 ☐ High school graduate ☐ GED ☐ Less than two years of college ☐ Bachelor's degree ☐ Master's degree ☐ Other training or education:				
	_icenses/certifications held:				
2	Schools attended: List all applicable information.				
	Names and locations of schools attended	Course of study: Major/Minor fields	Diploma, degree, certificate, or license	Year graduated (college only)	

Please list references the District may contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at the last two employing organizations. Full name of reference School District/ Area Code/ Mailing Address Position/Title Phone Number Firm Name I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberated 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 any liability for any damage that may result from furnishing same to you. I understand that the District is authorized by Texas Education Code 22.083(b) to obtain criminal history record information on persons the District intends to employ. **Signature of Applicant Date** This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for _ months. If you have not received a response during this time period, you may reapply or reactivate your application.

SUBMIT TO:
Main Office, La Gloria I.S.D.
182 East CR 401
Falfurrias, TX 78355

voice: 361.325.2330 || fax: 361.325.2533