



WESLACO INDEPENDENT SCHOOL DISTRICT
Human Resources Department
319 West 4th Street | P.O. Box 266
Weslaco, TX 78599

Telephone: (956) 969-6619 Fax: (956) 969-6940



Dr. Priscilla Canales,
Superintendent of Schools

TUTOR APPLICANT ONLY

TO: Applicant

FROM: Human Resources Department

SUBJECT: Checklist

The following items are required by the State of Texas and the Weslaco Independent School District. The contents of this packet are not intended to create any contractual or other legal rights and are to be provided for employment consideration.

ANY ITEM NOT INCLUDED WILL DELAY THE APPLICATION AND EMPLOYMENT PROCESS.

CHECKLIST:

- Tutor Application for Employment (*include email address*)
- Submit a copy of your class schedule
- Submit a copy of your High School Diploma or GED Diploma
- Submit a copy of your Social Security Card
- Submit a copy of your Texas Driver License, Texas ID *or* school photo ID
- Submit the results of your TB Skin Test (*not required until applicant is actually hired*)

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Weslaco ISD considers applications 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.



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Certificate of Examination of WISD Personnel for Tuberculosis

Employment Requirements and Restrictions:
Medical Examinations and Communicable Diseases

DBB
Local

Name of School or Department where assigned

This is to certify that _____ (name),
S.S.# _____, was examined on _____ (date),
for the disease of Tuberculosis and was found to (be **FREE OF** _____ or **HAVE** _____) active
Tuberculosis. The following were performed in connection with the examination.

Tuberculin Test: _____ (date) Result: _____

Chest X-Ray: _____ (date) Result: _____

Physician's Signature or Stamp

Texas MD/DO License Number

This test must be done before the first day of employment by a doctor licensed to practice medicine in Texas. Weslaco ISD will accept TB test results if taken within the previous 12 months.

If you are exposed to Tuberculosis you must have another test done within 30 days after exposure.



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TUTOR APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION:

Social Security Number _____ Drivers License/ID # _____ State _____

Name _____
Last First Middle Maiden

Physical Address _____
House Number and Street P.O. Box Apt. No.

City State Zip Code (Area Code) Home Phone (Area Code) Cell Phone

Mailing Address _____
(If same as above, leave blank) House Number and Street P.O. Box Apt. No.

City State Zip Code (Area Code) Home Phone (Area Code) Cell Phone

Email Address: _____

Have you ever filed an application with WISD? Yes ___ No ___
If yes, give date: _____
Have you ever been employed with WISD? Yes ___ No ___
If yes, dates of employment: _____ through _____
Total Experience: _____

If a previous application or personnel file is located under a different name, please include the name(s) in the space provided:

NAME OF PERSON TO CONTACT IN EVENT OF AN EMERGENCY:

Name _____ Relationship _____ Phone _____

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FOR OFFICE USE ONLY:

Date Received _____ Date Application Processed _____

DPS Processed [] CLEAR [] RECORD Date _____ Initials _____

Fingerprints Required [] YES [] NO If yes, Date Fingerprinting Completed _____

Subscribed to DPS SID _____

EDUCATION / TRAINING

Place a \checkmark in the box that applies to the total number of years of education that you have completed (**Elementary through College**):

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20

| Name and Location of School | Did you Graduate? | Hours of Credit | Major | Minor | Degree(s) Received |
|-----------------------------|-------------------|-----------------|-------|-------|--------------------|
| High School | | | | | |
| College / University | | | | | |
| Other Formal Training | | | | | |

ADDITIONAL INFORMATION

If you have a relative(s) who works for the District or who serves as a member of the Board of Education, please give the name and relation.

Name

Relationship

| | |
|--|--|
| | |
| | |
| | |

Number the subjects listed below in the order of your strengths:

English
 Math
 Science
 Social Studies
 Other _____

REFERENCES (List names of references, **NOT RELATED TO YOU**, and who are capable of giving information about your qualifications.)

| Full Name of Reference | Address City, State & Zip Code | Occupation | Phone Number |
|------------------------|-----------------------------------|------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY *(Begin with your most recent employment)*

| | | | | | |
|-------------------------------------|---------------------|-------------------------|------|-------|------|
| NAME OF COMPANY / CITY & STATE | PHONE NUMBER () | NAME OF SUPERVISOR | | | |
| YOUR JOB TITLE/POSITION | RATE OF PAY | FROM | | TO | |
| | | MONTH | YEAR | MONTH | YEAR |
| DESCRIBE IN DETAIL THE WORK YOU DID | | YOUR REASON FOR LEAVING | | | |

| | | | | | |
|-------------------------------------|---------------------|--------------------|------|-------|------|
| NAME OF COMPANY / CITY & STATE | PHONE NUMBER () | NAME OF SUPERVISOR | | | |
| YOUR JOB TITLE/POSITION | RATE OF PAY | FROM | | TO | |
| | | MONTH | YEAR | MONTH | YEAR |
| DESCRIBE IN DETAIL THE WORK YOU DID | | REASON FOR LEAVING | | | |

| | | | | | |
|-------------------------------------|---------------------|--------------------|------|-------|------|
| NAME OF COMPANY / CITY & STATE | PHONE NUMBER () | NAME OF SUPERVISOR | | | |
| YOUR JOB TITLE/POSITION | RATE OF PAY | FROM | | TO | |
| | | MONTH | YEAR | MONTH | YEAR |
| DESCRIBE IN DETAIL THE WORK YOU DID | | REASON FOR LEAVING | | | |

| | | | | | |
|-------------------------------------|---------------------|--------------------|------|-------|------|
| NAME OF COMPANY / CITY & STATE | PHONE NUMBER () | NAME OF SUPERVISOR | | | |
| YOUR JOB TITLE/POSITION | RATE OF PAY | FROM | | TO | |
| | | MONTH | YEAR | MONTH | YEAR |
| DESCRIBE IN DETAIL THE WORK YOU DID | | REASON FOR LEAVING | | | |

| | | | | | |
|-------------------------------------|---------------------|--------------------|------|-------|------|
| NAME OF COMPANY / CITY & STATE | PHONE NUMBER () | NAME OF SUPERVISOR | | | |
| YOUR JOB TITLE/POSITION | RATE OF PAY | FROM | | TO | |
| | | MONTH | YEAR | MONTH | YEAR |
| DESCRIBE IN DETAIL THE WORK YOU DID | | REASON FOR LEAVING | | | |

OTHER INFORMATION

The District will consider the nature and gravity of the alleged offense, the time that has passed since the alleged offense, and the relationship between the alleged offense and the position for which you are applying.

Have you ever been arrested for a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, or any offense involving a child or minor)? Yes No

If "Yes," state the nature of the alleged offense, where the alleged offense occurred, and when the alleged offense occurred.

The above provisions shall not be construed to prevent consideration of an arrest record with respect to the qualifications of an applicant where arrests have resulted in indictments or informations against an individual and where these indictments or informations are for felonies or misdemeanors involving moral turpitude even though there is no actual conviction.

The District will consider the nature and gravity of the offense, the time that has passed since the offense, and the relationship between the offense and the position for which you are applying.

Have you ever been convicted of a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, or any offense involving a child or minor)? Yes No

If "Yes," state the nature of the offense, where the offense occurred, when the offense occurred, and the date of your conviction.

Have you ever received probation or deferred adjudication for any offense other than a misdemeanor traffic violation? Yes No

Explain _____

If currently employed, why do you desire to leave your current position? _____

Have you ever been involuntarily terminated from the employment of a previous position? Yes No

If yes, please give the name of the employer, the date and the reason(s) for the termination. _____

Have you voluntarily resigned from a position? Yes No

If yes, please explain. _____

Briefly state what you feel you can contribute as an employee for the Weslaco Independent School District in the position for which you are applying.

IMPORTANT NOTICE TO ALL APPLICANTS

1. Please enclose a copy of your HIGH SCHOOL DIPLOMA/GED CERTIFICATE or COLLEGE TRANSCRIPT. The application and copy of the Diploma/GED or College Transcript will become the property of the district upon receipt.

2. This district reserves the right to accept or reject the application. This application shall be considered active for twelve (12) months.

3. Should you be selected for an interview, a member of the District's Personnel Services Department will contact you.

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 required by Texas Education Code §22.083 or Texas Education Code §22.084 to obtain criminal history record information on applicants selected for employment.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I also understand that an employment contract based upon information contained in this application, which later proves to be false or incomplete shall result in the contract becoming null and void. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it.

Legal Signature of Applicant

Date

**GOVERNMENT STATISTICAL DATA
AFFIRMATIVE ACTION**

Government agencies require periodic reports on the status of applicants, which include reports on the sex, ethnicity, physical condition and veteran status of applicants. As a governmental agency, we comply with governmental regulations and affirmative action responsibilities. To assist us in complying with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey. This data is only used for analysis and affirmative action. We appreciate your cooperation.

ETHNICITY & RACE: (Both questions must be answered)

PART 1. ETHNICITY: **Is the person Hispanic/Latino?** Choose only one.

_____ **Hispanic/Latino** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **Not Hispanic/Latino**

PART 2. RACE: **What is the person's race?** Choose one or more regardless of ethnicity.

_____ a. **American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

_____ b. **Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ c. **Black or African American** – a person having origins in any of the black racial groups of Africa.

_____ d. **Native Hawaiian/Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ e. **White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

CITIZENSHIP STATUS: Are you a U.S. Citizen? Yes No

VETERAN STATUS: Are you a veteran? Yes No

SEX: Male Female

Signature

Date



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CRIMINAL HISTORY RECORD INFORMATION REQUEST

CONFIDENTIAL*

The WESLACO INDEPENDENT SCHOOL DISTRICT is authorized by state law (Texas Education Code Chapter 22, Subchapter C) to review the criminal history of applicants, employees, student teachers, and certain volunteers being considered for employment and independent contractors. To comply with this law, you are required to complete this form and return it with your application to the Human Resources Office.

This information will be used for the purpose of determining eligibility for employment in the WESLACO INDEPENDENT SCHOOL DISTRICT.

PLEASE PRINT!

NAME (As it appears on Driver's License or ID --- **NO NICKNAMES!**)

| | | | | | |
|--------------------------------|--|-------|---------------------|--------|----------|
| _____ | | _____ | | _____ | |
| Last | | First | | Middle | |
| _____ | | _____ | | _____ | |
| Mailing Street Address | | City | | State | Zip Code |
| Social Security Number _____ | | | Date of Birth _____ | | |
| Driver's License or ID # _____ | | | State Issued _____ | | |

Sex: Male Female Ethnicity: Black White/Other

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. I further understand my employment is contingent upon satisfactory clearance of investigation of record for any felony conviction. *I also understand that if hired, I will be responsible to pay a fee for the fingerprinting process.*

*** This form will be removed from the application and filed separately in the personnel office.**

Signature Date

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FOR OFFICE USE ONLY: Requested by (initials) _____ Logged on DPS _____ / _____ / _____ Initials _____

DPS Processed CLEAR RECORD Fingerprinted YES NO Date _____ / _____ / _____

Subscribed to DPS SID _____

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

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by call 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee


Date

Weslaco Independent School District

Agency Name (Please print)

Melva Segura, Director of Human Resources

Agency Representative Name (Please print)



Signature of Agency Representative

Date

| | |
|--|---------------|
| Please: Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES _____ NO _____ | _____ Initial |
| Purpose of CCH: <u>Name Based Inquiry</u> | |
| Empl _____ Vol/Contractor _____ | _____ Initial |
| Date Printed: _____ | _____ Initial |
| Destroyed Date: _____ | _____ Initial |
| Retain in your files | |