



**SANTA ROSA INDEPENDENT SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
P.O. BOX 368/ 232 JESUS T. AVILA AVENUE  
(956) 636-9800 Ext: 101 • FAX (956) 636-1439  
www.santarosaisd.org**

CLASSIFIED EMPLOYEE APPLICATION PACKET

**1. Letter of Intent**

In narrative form, please state your intent to apply for a Classified Position with the Santa Rosa Independent School District; one letter of intent per position is required. Please include the title of position, date of announcement, your social security number, and all other information you deem pertinent. Please do not exceed one page.

**2. Application Form**

All information requested on the application form should be accurately and completely filled out. Names and dates and addresses should be provided in full. Put N/A where information does not apply. Please sign the attached release and nepotism and return them along with the application to the Human Resources Department, P.O. BOX 368, Santa Rosa, Texas 78593

**3. References**

Three (3) references from those persons who have supervised either the applicant's teaching and/or work experience are required. It is the responsibility of the applicant to provide the evaluation form to the references who will return the form to the Human Resources Department. The applicant will have access to the references once submitted

**4. High School Transcripts/GED Certificate (Not Required for Manual Trades Positions)**

Official transcripts with cumulative grade point averages are required as appropriate. Official transcripts may be submitted by the applicant or mailed directly to Human Resource Department from the high school. It will be the responsibility of out-of-country applicants to secure a transcript evaluation, which indicates degree obtained as well as cumulative grade point average, from an approved agency. A copy of the appropriate Texas GED Certificate or out-of-state GED certificate must be submitted

**5. Requirements for Instructional ParaProfessionals (Aides):** College Transcripts and Resume

All instructional paraprofessionals in a program supported with Title I funds must have a high school diploma or equivalent. You must have completed two years of study from an accredited institution of higher education or have obtained an associate's (or higher). Remedial courses will not be accepted. Official transcripts with degree confirmation and cumulative grade point averages are required as appropriate. Official transcripts may be submitted by the applicant or mailed directly to the Human Resource Department from the college or university. It will be the responsibility of out-of-country applicants to secure a transcript evaluation, which indicates degree obtained as well as cumulative grade point average, from an approved agency.

**Resume** Please provide a professional listing of your educational background, work experience, hobbies, in-service and all other information you deem pertinent.

**Please Note: Items #1, #2, #4 and #5 must be submitted together.**

6. Your application becomes active when all credentials and references have been received. Your application will be kept active one year. Please notify the Human Resource Department in writing of any change of name, address, telephone number, or if you obtain employment elsewhere after submitting an application for employment with SRISD. Inquires concerning applications and/or vacancies should be addressed directly to the Human Resources Department between the hours of 8:00 to 5:00 p.m. Monday through Friday.

**SANTA ROSA INDEPENDENT SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
232 JESUS T. AVILA AVENUE /P.O. BOX 368 • SANTA ROSA, TEXAS 78593  
(956)636-9800 Ext: 101 • FAX (956)636-1439**

**APPLICATION FOR CLASSIFIED EMPLOYMENT**

**I. PERSONAL INFORMATION**

(PRINT IN INK OR TYPE INFORMATION)

**Date of Application:** \_\_\_\_\_ **Date Available for Employment:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Home Telephone Number :( )** \_\_\_\_\_ **Business/Office Telephone: ( )** \_\_\_\_\_

Have you ever been employed with SRISD?  Yes  No If YES, Please list Position: \_\_\_\_\_

Are you currently employed in another school district?  Yes  No If YES, Name of District \_\_\_\_\_

Have you been or are you currently on a professional growth plan in another district?  Yes  No

Have you ever been terminated for cause, been asked to resign, had a contract non-renewed, or left employment involuntarily?  
 Yes  No If yes, Explain \_\_\_\_\_

Are you a retired teacher participating in Texas-TRS  Yes  No

**II. POSITION INFORMATION**

Bus Drivers must pass physical examination a drug test.

Check all positions for which you are applying and are qualified:

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Bus Driver            | <input type="checkbox"/> Clerk                  | <input type="checkbox"/> Substitute Teacher          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Warehouse             | <input type="checkbox"/> Secretary              | <input type="checkbox"/> Maintenance Worker          |                                       |
| <input type="checkbox"/> Custodian             | <input type="checkbox"/> Special Education Aide | <input type="checkbox"/> Substitute Custodian        |                                       |
| <input type="checkbox"/> Food Service Employee | <input type="checkbox"/> Teacher Aide           | <input type="checkbox"/> Substitute Cafeteria Worker |                                       |

**III. EDUCATIONAL BACKGROUND**

List High School, GED, College and Universities information

Name of Institution	Location	Type of Degree/Diploma	Major Bachelor/Master	Minor Bachelor/Master

List in order all work or teaching experience beginning with most recent (Attach separate sheet if necessary)

From Mo/Yr	To Mo/Yr	Name and Address of Employer	Position	Immediate Supervisor	Area Code and Phone Number	Reason for Leaving

V. REFERENCES

Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code and Phone Number

The applicant has the responsibility of securing letters of recommendations for Human Resources Department. Three (3) reference forms are enclosed for use. You must send a form and a stamped envelope (Addressed to Santa Rosa ISD, Human Resource Dept., P.O. Box 368, Santa Rosa, Texas 78593).

VI. PROFESSIONAL DATA

List specific skills and/or any machines or equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

List licenses and/or certification held: \_\_\_\_\_

Have you ever been convicted of a felony or any offense involving moral turpitude?  Yes  No

Have you ever been probation, deferred adjudication, pleaded no contest, or served time in prison?  Yes  No

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

*I hereby affirm that all information provided on this form is true and accurate. I also understand that an employment contact based upon information contained in this application which later proves to be false or incomplete shall result in the contract becoming null and void or terminated. Furthermore, it is understood that this form and any other related documents become the property of the District. The District reserves the right to accept or reject an application.*

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Legal Signature of Applicant

**SANTA ROSA INDEPENDENT SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
232 JESUS T. AVILA AVENUE, SANTA ROSA, TEXAS 78593  
(956) 636-9800 Ext: 101 · FAX (956) 636-1439**

**RELEASE FORM**

I hereby give the Santa Rosa Independent School District permission to make inquiries on references of former employers concerning my performance in the past. This permission form may be attached to request information and I hereby authorize the party receiving this form to give full and complete information of any and all records, transcripts, data sheets, services records, letters of recommendation, police records, criminal history records, ect., as may be requested by the Santa Rosa Independent School District. I agree that the information requested will not be disclosed to me but will be treated as confidential by the District, and I waive all rights to see this information.

(Please print or type the following information)

<b>Full Name</b> _____	<b>SSN</b> _____	
<b>Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
<b>Ethnicity:</b> _____	<b>Date of Birth:</b> _____	
<b>Signature</b> _____	<b>Date</b> _____	

# SANTA ROSA INDEPENDENT SCHOOL DISTRICT HUMAN RESOURCES DEPARTMENT

## CRIMINAL HISTORY CHECK AUTHORIZATION AND INFORMATION FORM

*Conviction of a crime is not an automatic bar to consideration for employment continued employment, except where employment is prohibited by Texas law or SRISD policy for certain convictions. For other offense, factors such as the date of the offense, the period between the offense and the present, the nature and seriousness of the offense, and the present, the nature and seriousness of the offense, and rehabilitation will be considered by the Santa Rosa Independent School District.*

### CRIMINAL HISTORY INFORMATION

Applicants for employment and employees of the Santa Rosa Independent School District are requested to complete this Criminal History Check Authorization and Information form in compliance with Chapter 22, Subchapter C of the Texas Education Code (or as subsequently revised). The following information will be used solely for the purpose of assisting SRISD in conducting a Criminal History Check (local, state and national). Failure to provide all of the information requested will result in rejection of an applicant or discipline, up to and including termination, of an employee.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Male  Female Date of Birth: \_\_\_\_\_ Ethnic identifier: \_\_\_\_\_

List all aliases or former names, including maiden names, and list dates of use: \_\_\_\_\_

Have you ever pled guilty or nolo contendere (no contest) or been convicted of any criminal offense (misdemeanor or felony) other than moving violations and/or parking tickets?  Yes  No

If yes, provide complete information on all criminal offenses, including dates, location (city and state), and disposition. Use additional sheets if necessary.

If you are currently serving any of the following for any criminal offense, check the appropriate box.

- Pretrial diversion  Community supervision  Suspended sentence  
 Probation without adjudication of guilt  Probation  Deferred adjudication

For each box checked, provide complete information on the criminal offense, nature of program and date of completion. Use additional sheets if necessary.

### ACKNOWLEDGMENT/ AUTHORIZATION

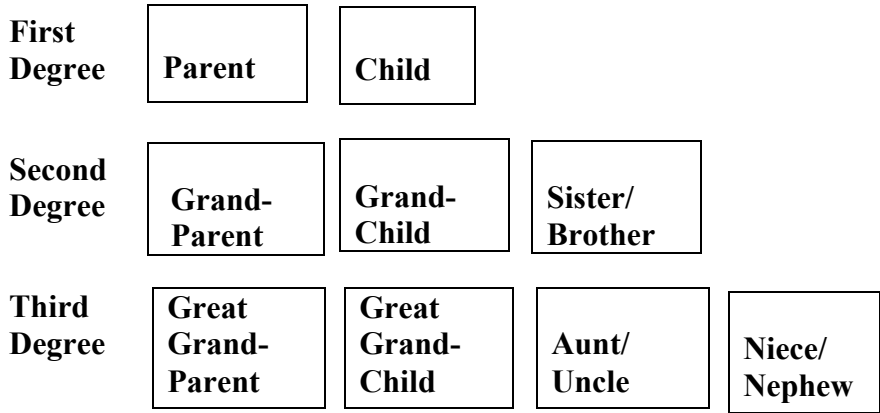
*I acknowledge that I read and understand this form and certify that the above information and representations are true, correct and complete and contain no omissions. I understand that false, incorrect, misleading or incomplete information on this form will result in rejection of my application, or termination if employed. I understand that the Santa Rosa Independent School District (SRISD) will request a Criminal History Check after making a conditional employment offer and at certain times during employment, such as promotion, transfer, or performance evaluation. SRISD is required to submit certain identifying information in order to obtain a Criminal History Check. I authorize the use of the information provided herein for this investigation. I understand that the information provided will only be used to obtain a Criminal History Check. I also understand that additional information, including fingerprints, may be required in order to complete the Criminal History Check. I agree to provide additional information (including fingerprints) if requested by SRISD. I understand that if Criminal History Check discloses a conviction or other action which would make me unsuitable for employment in the position for which I have applied or in which I am working, I will be considered ineligible for employment and will not be transferred to another position.*

Applicant's/ Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**These illustrations depict the relationships that violate the nepotism law.**

**CONSANGUINITY Board member/ Superintendent is prospective employee's:  
(Blood) Kinship**



**AFFINITY**

**(Marriage) Kinship**

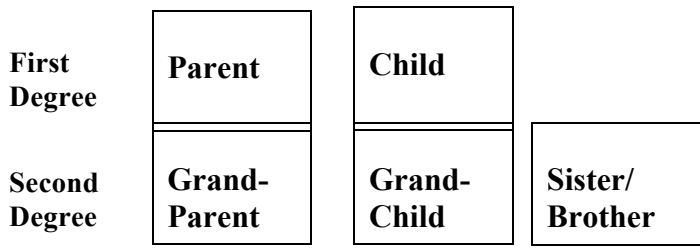
**Board member's / Superintendent's spouse is the prospective employee.**

**OR**

**Board member's / Superintendent's spouse is prospective employee's:**

**OR**

**Prospective employee's spouse is the Board member's / Superintendent's:**



**NOTE:** The spouse of two persons related by blood are not by that fact related. The affinity chart supposes only one affinity relationship between the board member / Superintendent and prospective employee through either of their spouse.

**BOARD MEMBERS**

- |                                 |                       |
|---------------------------------|-----------------------|
| <b>Mr. Andres Contreras</b>     | <b>President</b>      |
| <b>Mr. Danny Theys</b>          | <b>Vice President</b> |
| <b>Mrs. Dina Escamilla</b>      | <b>Secretary</b>      |
| <b>Mr. Raul Garza</b>           | <b>Trustee</b>        |
| <b>Mr. Rogelio Guerra, Jr.</b>  | <b>Trustee</b>        |
| <b>Mr. James Robert Mendoza</b> | <b>Trustee</b>        |
| <b>Mr. Ramiro Ochoa</b>         | <b>Trustee</b>        |
| <b>Mr. Heriberto Villarreal</b> | <b>Superintendent</b> |

I \_\_\_\_\_, hereby attest or affirm that (circle one)  **I am** /  **I am not** related to any member of the Board of Trustees of the Santa Rosa ISD or the Superintendent within three degree of consanguinity (blood relation) or by two degree of affinity (marriage).

If applicable, please indicate to whom you are related \_\_\_\_\_.

I fully understand that any false information contained here will be just cause for the immediate termination of my employment in this position.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



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

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification 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.  
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

SECTION II. TO BE COMPLETED BY REFERENCE.

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.

Position Applying for: SANTA ROSA INDEPENDENT SCHOOL DISTRICT

**HUMAN RESOURCES DEPARTMENT**

Reference Name **232 JESUS T. AVILA AVENUE/P.O. BOX 368** Telephone # \_\_\_\_\_  
**SANTA ROSA, TX 78593**  
**(956) 636-9800 Ext: 101 • FAX (956) 636-1439**

Company/School	Telephone #
<b><u>AUTHORIZATION STATEMENT</u></b>	

I have applied for employment with the Santa Rosa I.S.D. I authorize SRISD to collect any information orally or in writing about my qualifications and past performance. I will not hold you or the organization liable for supplying any information regarding my employment. Thank you for your assistance.

Signature _____	Date _____

--

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE/ COMMENTS
General appearance, appropriate dress, grooming				
Exercises professional judgment in absences from work				
Accepts constructive criticism and supervision				
Communicates information effectively				
Demonstrates good judgment				
Establishes personal growth and career path				
Effectively diagnosis and addresses situations or conditions				
Displays a practical approach to problem solving				
Inspires cooperation and confidence				
Provides support and assistance when needed				
Is knowledgeable and current in field				
Is receptive to new ideas and changes				

FOR TEACHER POSITIONS ONLY, PLEASE ANSWER THE FOLLOWING:  
 PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW:

CHARACTERISTICS	STRONG	ACCEPTABLE	NOT ACCEPTABLE	NO BASIS TO JUDGE/ COMMENTS
Handles matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
Demonstrates ability to diagnose and address student needs				
Demonstrates knowledge of subject matter				
Encourages student performance consistent with abilities				
Uses a variety of instructional methods				
Assigns work which is relevant and purposeful				
Works well as part of an instructional team				

How long have you known the applicant? \_\_\_\_\_

Would you recommend the applicant for the position desired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not at this time

Signature \_\_\_\_\_ Official Position \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE. PLEASE MAIL THE REFERENCE TO THE DEPARTMENT OF HUMAN RESOURCES AT THE ADDRESS LISTED ABOVE.

SECTION II. TO BE COMPLETED BY REFERENCE.

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.

Position Applying for: SANTA ROSA INDEPENDENT SCHOOL DISTRICT

**HUMAN RESOURCES DEPARTMENT**

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 Applicant **SANTA ROSA, TX 78593**  
**(956) 636-9800 Ext: 101 • FAX (956) 636-1439**

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Handles matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
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Demonstrates knowledge of subject matter				
Encourages student performance consistent with abilities				
Uses a variety of instructional methods				
Assigns work which is relevant and purposeful				
Works well as part of an instructional team				

How long have you known the applicant? \_\_\_\_\_

Would you recommend the applicant for the position desired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not at this time

Signature \_\_\_\_\_ Official Position \_\_\_\_\_ Date \_\_\_\_\_

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SECTION II. TO BE COMPLETED BY REFERENCE.

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Position Applying for: SANTA ROSA INDEPENDENT SCHOOL DISTRICT

**HUMAN RESOURCES DEPARTMENT**

Reference Name **232 JESUS T. AVILA AVENUE P.O. BOX 368** Telephone # \_\_\_\_\_ Applicant **SANTA ROSA, TX 78593**  
**(956) 636-9800 Ext: 101 • FAX (956) 636-1439**

Company/School	Telephone #
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Signature _____	Date _____
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How long have you known the applicant? \_\_\_\_\_

Would you recommend the applicant for the position desired? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not at this time

Signature \_\_\_\_\_ Official Position \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE. PLEASE MAIL THE REFERENCE TO THE DEPARTMENT OF HUMAN RESOURCES AT THE ADDRESS LISTED ABOVE.

**HUMAN RESOURCES DEPARTMENT**  
232 JESUS T. AVILA AVENUE • BOX 368, SANTA ROSA, TEXAS 78593  
(956) 636-9800 Position for which you are

applying.  
**LETTER OF INTENT**

(Please type or print legibly)



Date \_\_\_\_\_

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

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

I \_\_\_\_\_ wish to apply for the position of \_\_\_\_\_

I feel I am qualified for this position because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature of Applicant