



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

PROFESSIONAL APPLICATION PACKET

1. **Application Form**

All information requested on the application form should be accurately and completely filled out. Names, dates and addresses should be provided in full. Please sign the attached release and nepotism and return them along with the application to the Human Resources Department located at 232 Jesus T. Avila Avenue, Santa Rosa, Texas 78593.

2. **College Transcript**

Official transcripts with degree confirmations and cumulative grade point averages are required. Official transcripts may be submitted by the applicant or mailed directly to the Human Resources 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. A minimum grade point average of 2.5 is required.

3. **Teaching Certificate**

A copy of the Texas Teacher Certificate, out-of-state, or a Letter of Completion (college letter indicating that the teacher applicant has applied for a certificate) must be submitted with the application. If teacher applicant is registered in a Alternative Certification Program, an eligibility letter from the University/Program is required.

4. **Teacher Service Records**

It is the responsibility of the applicant to provide copies of teacher service records with this application to the Human Resources Department. (Once employed original service records must be on file before the first payroll deadline).

5. **References**

Three (3) references of which must be 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 references who will return the form to the Human Resources Department. The applicant will not have access to the references once submitted. If an adequate number of references is available in a college placement file, an applicant with no previous teaching experience may satisfy requirements for recommendations by requesting that his/her file be sent to the Human Resources Department. Student teachers shall submit references from their cooperating teacher as well as from their university cooperating supervisor.

6. **Eligible Applicants**

Your application becomes active/eligible when all credentials and references have been received. Your application will be kept active for one year. You may have your application deactivated by writing a brief letter to the Human Resources Department. Please notify the Human Resources Department in writing of any changes of name, address, and telephone number, or if you obtain employment elsewhere after submission of an application has been made with SRISD. Inquiries concerning applications and/or vacancies should be addressed to the Human Resources Department between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

7. **Do Not Contact Principals Or Other Employees In A School Building Concerning Your Application**

All inquiries concerning applications and all requests for interviews should be addressed directly to the Human Resources Department. Only those applicants cleared through the Human Resources Department will be permitted to interview with principals and/or other appropriate staff when positions are available.

8. **Releases from Other Contracts**

It is understood that before a candidate accepts employment with Santa Rosa ISD he/she secures an honorable release from any employment contract into which the appointee may have previously entered.

9. **Offer of Employment and Contract**

An offer of employment is given to the applicant by the Human Resources Department subject to the recommendation of the Superintendent of Schools and/or approval by the Board of Trustees as required by state law.

10. **PLEASE NOTE: Items #1, #2, #3 and #4 must be submitted together.**

Thank you for your interest in the Santa Rosa Independent School District

"The Santa Rosa Independent School District is an Equal Opportunity Employer, M/W/D/V"

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APPLICATION FOR PROFESSIONAL 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

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

Pre-Kindergarten Instructor High School, Grades 9-12 Counselor Adult Education **Indicate Subject*
 * _____
 Elementary, Grades 1-5 Vocational _____ Librarian
 Elementary Bil., Grades 1-5 Music _____ Nurse
 Middle School, Grades 6-8 Special Education Other _____
 * _____

Check Extra-curricular Activities You Are Qualified and/or Willing to Sponsor

Year Book/Newspaper Drill Team/Cheerleader Drama/Speech UIL/Academics Other _____

III. CERTIFICATION

Valid Texas Valid Out of State _____ None/Degree Only: _____ ACP

Write exactly as it reads on your Teacher Certificate/License and provide a copy for the office

***** PROFESSIONAL *****	Date Issued	Date Expires
***** PROVISIONAL *****	Date Issued	Date Expires

For Texas Certified Educators

Have you ever been or are you currently on a permit or one year certificate? Yes No
 If YES, list the type of permit(s)/one year certificate(s) _____
 Have you completed your permit/certificate requirements? Yes No
 If NO, list what you are pending _____
 If you are a recent college graduate have you taken all required ExCETs? Yes No

If NO, list what you are pending _____

IV. EDUCATIONAL BACKGROUND

List College and Universities attended

Name of Institution	Location	Date Attended START/END	Date of Graduation	Type of Degree/Diploma	Major Bachelor/Master	Minor Bachelor/Master

Bachelor's Grade Point Average (GPA): Overall _____ Major _____ Minor _____

V. EXPERIENCE

List in order all work and 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

VI. 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 recommendation for the Human Resources Department. Three (3) recommendation forms are enclosed for your use. You must send a form and a stamped envelop (Addressed to the Human Resources Department, Santa Rosa Independent School District, Santa Rosa, TX 78593) to each reference. If an adequate number of references are available in the college placement file, an applicant with no previous teaching experience may satisfy requirements for recommendations by requesting that his/her file be sent to our Human Resources Department. Student teachers shall submit a reference from their cooperating teacher as well as from their university cooperating supervisor.

VII. PROFESSIONAL DATA

Please omit references to organizations that would reveal race, age, ethnic origin, or religious persuasion.

Publications/Articles _____

Honors and Achievements _____

Seminars/Workshops conducted _____

Other related professional activities _____

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

Have you ever been on 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 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 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

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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, service records, letters of recommendation, police records, criminal history records, etc., 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)

Full Name _____	SSN _____
Address _____	
City _____	State _____ Zip Code _____
Ethnicity: _____	Date of Birth: _____
Signature _____	Date _____

**SANTA ROSA INDEPTENDENT 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 or continued employment, except where employment is prohibited by Texas law or SRISD policy for certain convictions. For other offenses, factors such as the date of the offense, the period between 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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pretrial diversion | <input type="checkbox"/> Community supervision | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Probation without adjudication of guilt | <input type="checkbox"/> Probation | <input type="checkbox"/> 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

Great-Grandparent
Great-Grandchild
Sister/Brother
Niece/Nephew

These illustrations depict the relationships that violate the nepotism law.

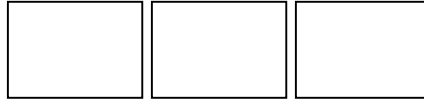
**CONSANGUINITY
(Blood) Kinship**

Board member is prospective employee's:

First Degree



Second Degree



Third Degree



**AFFINITY
(Marriage) Kinship**

Board member's spouse is the prospective employee.

OR

Board member's spouse is prospective employee's:

OR

Prospective employee's spouse is the Board member's:

First Degree



Second Degree



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

BOARD MEMBERS

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

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, 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.

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

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

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TO BE COMPLETED BY THE APPLICANT: UPON COMPLETING THIS SECTION, PLEASE FORWARD TO A FORMER SUPERVISOR/INSTRUCTOR

Applicant's Name: _____ Social Security Number: _____

Position Applying for : _____

Reference Name _____ Title in relationship to applicant _____

Company/School _____ Telephone# _____

AUTHORIZATION STATEMENT

I have applied for employment with the Santa Rosa ISD. 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

TO BE COMPLETED BY REFERENCE:
PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW.

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 HUMAN RESOURCES DEPARTMENT AT THE ADDRESS LISTED ABOVE.

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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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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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