



# SANTA ROSA INDEPENDENT SCHOOL DISTRICT

## HUMAN RESOURCES DEPARTMENT

P.O. Box 368 / 232 JESUS T. AVILA AVENUE  
(956) 636-9800 Ext: 101 • FAX (956) 636-9890

### 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:**

<input type="checkbox"/> Pre-Kindergarten Instructor	<input type="checkbox"/> High School, Grades 9-12	<input type="checkbox"/> Counselor	<input type="checkbox"/> <i>*Indicate Subject</i> Adult Education
<input type="checkbox"/> Elementary, Grades 1-5	<input type="checkbox"/> * Vocational _____	<input type="checkbox"/> Librarian	
<input type="checkbox"/> Elementary Bil., Grades 1-5	<input type="checkbox"/> Music _____	<input type="checkbox"/> Nurse	
<input type="checkbox"/> Middle School, Grades 6-8	<input type="checkbox"/> Special Education	<input type="checkbox"/> 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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HUMAN RESOURCES DEPARTMENT  
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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

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

**CONSANGUINITY  
(Blood) Kinship**

Board member is prospective employee's:

First Degree	Parent	Child		
Second Degree	Grand-Parent	Grand-Child	Sister/ Brother	
Third Degree	Great Grand-Parent	Great Grand-Child	Aunt/ Uncle	Niece/ Nephew

**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	Parent	Child	
Second Degree	Grand-Parent	Grand-Child	Sister/ Brother

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. Ruben Canales.....Trustee
- Mr. Raul Garza.....Trustee
- Mr. Rogelio Guerra Jr.....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 \_\_\_\_\_



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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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