

Rule Independent School District

Employment Application for Paraprofessional Staff



An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of any medical conditions, disability, or any other legally protected status.

	Date of application: _____	Date Available: _____																	
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last</i> <i>First</i> <i>Middle Initial</i> </div>																		
	Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>Zip Code</i> </div>																		
	Home phone _____ Cell phone _____																		
	Other name that may appear on records _____																		
	Social Security Number _____ <i>(Providing your Social Security Number allows the district to verify your certification. Disclosure is optional.)</i>																		
Position Data	List the position(s) for which you are applying _____																		
	Type of employment: ___ Full-time ___ Part-time ___ Summer Only																		
	Have you been employed by Rule ISD in the past? ___ Yes ___ No																		
	If you answered yes, provide dates of employment _____																		
Credentials	Credentials included with application:																		
	<input type="checkbox"/> Resume <input type="checkbox"/> All transcripts <u>email:</u> _____																		
Preparation	Check highest level attained:																		
	<input type="checkbox"/> Not High School Graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than 2 years college <input type="checkbox"/> 2 or more years college <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree																		
	Other training/Education _____																		
	Schools attended: List all applicable																		
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Name and location</th> <th style="width: 25%;">Course of study</th> <th style="width: 25%;">Diploma, degree or certificate</th> <th style="width: 25%;">Year graduated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name and location	Course of study	Diploma, degree or certificate	Year graduated												
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Certification	<p>Certificates or Licenses Currently Held: ___ Education Aide I ___ Educational Aide II ___ Educational Aide III ___ Other: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____</p>
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Work Experience	Please list work experience beginning with the most recent year. Attach additional sheets if necessary. Attach resume if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone number		Supervisor's name and phone number	
	Reason for leaving		Reason for leaving	
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone number		Supervisor's name and phone number	

References	Please list references the district can contact regarding your work history. List any personal reference the district may contact.				
	Full name of reference	School district or name of firm	Mailing address	Position/title	Phone number including area code

General Information	<p>Do you have a relative who is a Rule ISD Board Member? ___ Yes ___ No</p> <p>If yes, give the name of the relative and relationship _____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? ___ Yes ___ No</p> <p>If yes, please state where, when and the nature of the offense</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date and relationship between the offense and the position for which you are applying.)</p>
	<p>Verification</p> <p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page 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 liability for any damage that may result from furnishing the same to you.</p> <p>I understand the district is required by Texas Education Code 22.083 to review criminal history record information of applicants.</p> <p>Please note that your application will be kept in an active file for one (1) year from the date on application. If you have not been hired to work in the Tidehaven Independent School District within a year and still desire to be considered for a position, renewal of the application must be made in writing.</p> <p>_____</p> <p>Signature _____ Date _____</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

Return Application to:

**Superintendent's Office
 Rule ISD
 1100 Union Ave.
 Rule, TX 79547
 Phone: (940)997-2521
 Fax: (940)997-2446**



RULE INDEPENDENT SCHOOL DISTRICT

1100 UNION AVE. RULE, TEXAS 79547

CRIMINAL HISTORY RECORD INFORMATION REQUEST "CONFIDENTIAL"

THE RULE INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT IN THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION.

FULL NAME _____
(PRINT) LAST FIRST MIDDLE

LIST MAIDEN NAME AND/OR OTHER NAMES USED _____

MAILING ADDRESS _____

SOCIAL SECURITY NO. _____

DRIVER'S LICENSE STATE AND NUMBER _____

DATE OF BIRTH _____

SEX: MALE FEMALE

ETHNICITY: Black White Hispanic Other

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING ABOUT AGE, SEX AND ETHNICITY WILL NOT DETERMINE ELIGIBILITY FOR EMPLOYMENT, BUT WILL BE USED SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION. MY SIGNATURE AUTHORIZES RULE INDEPENDENT SCHOOL DISTRICT TO OBTAIN A CRIMINAL HISTORY FOR ME.

SIGNATURE

DATE

FOR OFFICE USE ONLY		
<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> MENTOR	<input type="checkbox"/>
OTHER _____		
<input type="checkbox"/> MEETS CRITERIA	<input type="checkbox"/> DOES NOT MEET CRITERIA	

* THIS FORM WILL BE REMOVED FOR THE APPLICATION AND FILED SEPARATELY IN THE HR OFFICE.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 calling 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	