

LA VILLA INDEPENDENT SCHOOL DISTRICT

Dr. Norma L. Salaiz, Superintendent
P. O. Box 9, 500 East Street
LA VILLA, TEXAS 78562
(956) 262-4755 --- Fax: (956) 262-7323

NON-TEACHING APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____
Last First Middle

Address: _____
Street/Mailing Address City/State Zip Telephone

Position desired (Indicate 1st and 2nd choice): (1) _____
(2) _____

Hours available for work: _____

Are you seeking employment for 10, 11, or 12 months? (Please indicate 1st, 2nd or 3rd choice)
10 months _____ 11 months _____ 12 months _____

Are you in any way related to the Superintendent of La Villa Independent School District? _____
If so, list complete relationship. _____

EDUCATION: Applicants for a teacher aide position must have two years of college credit.
Number of grades attended: _____, High School Graduate: Yes _____ No _____ College: # of hours _____

WORK EXPERIENCE:

Name of Employer	Dates	Address	Type of Work	Reason for Leaving

REFERENCES: List references that have known you for five or more years, do not list relatives.

No.	Name	Occupation	Mailing Address	Telephone No.
1				
2				
3				

List language other than English. _____ Do you type? _____ Words per Minute: _____
List any particular talent, you feel you may have, that would make you an asset to the schools:

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ If yes, explain.

I have honestly submitted the above, and I do agree to observe all regulations.

Signature

La Villa ISD is an "Equal Opportunity Employer". All policies regarding employment will be administered without regard to race, color, creed, religion, national origin, age, handicap, sex, or marital status.

Revised: 02/25/2004

Section §22.083 of the TEXAS EDUCATION CODE (TEC) requires all school districts to complete a criminal history check on all applicants. To comply with this law, you are requested to complete this form and return it with your application.

Your application cannot be activated until this completed form is returned with your application to the personnel office.

This information will be used for the purpose of determining eligibility for employment in the La Villa Independent School District.

_____	_____
Name (Print or Type)	Social Security Number
_____	_____
Date of Birth	Driver's License Number State

I hereby authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply to the La Villa Independent School District any information concerning my background in connection with employment consideration, and I do release them from any liability and responsibility arising from doing so.

_____	_____
Signature	Date

The La Villa Independent School District has a policy of no smoking and/or use of tobacco products in any form on school district property or any school-related or school sanctioned activity on or off school property.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INFORMATION

“WINNERS BY CHOICE”