



EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

P.O. Box 990

Edinburg, Texas 78540

Phone: (956) 289-2300 Fax: (956) 383-7487

CLASSIFIED EMPLOYMENT PROCEDURES

1. **Fill in application and return it to the corresponding departments or mail it to:
ECISD Personnel Office P.O. Box 990, Edinburg, Texas 78540**
 - **CHILD NUTRITION:** 1313 E. Schunior Phone: (956) **289-2575**
 - **MAINTENANCE & FACILITIES:** 1305 E. Schunior Phone: (956) **289-2577**
 - **TRANSPORTATION:** 1101 E. Schunior Phone: (956) **316-7718 or 316-8888**
2. **Please attach the following:**
 - **Copy of high school diploma, high school transcript or GED, if applicable. If applicant has college hours, submit a transcript from university.**
 - **A waiver for criminal history record information must also be completed.**
3. **When a vacancy occurs, the Department Head and/or SBDM will review applications and choose whom they will interview. The Department Head will contact applicants for an interview by SBDM.**
4. **Recommendation will be made to the Superintendent.**
5. **Upon Superintendent's approval, he or she will make a recommendation to the Board at the next board meeting.**
6. **Upon Board approval, the employee will be notified by the Department Head, a starting date is established.**
7. **Applications are kept active for only one year.**

NOTE: The District may obtain criminal history record information that relates to a person the District intends to employ.

The district designates the following person to coordinate its efforts to comply with Title II, or the Americans with Disabilities Act of 1990, which incorporates and expands upon the requirements of Section 504 of the Rehabilitation Act of 1973:

Name/Nombre: Robert Saenz
Position/Título: Maintenance Director
Address/Dirección: 1305 East Schunior, Edinburg, Texas 78541
Telephone/Teléfono: (956) 289-2300

The district designates the following person to coordinate its efforts to comply with Section 504 of the Vocational Rehabilitation Act of 1973:

Name/Nombre: Janie Fong
Position/Título: Coordinator of Guidance Services/Drug Intervention Programs
Address/Dirección: 411 North Avenue, Edinburg, Texas 78541
Telephone/Teléfono: (956) 289-2300 ext. 2024

The district designates the following person to coordinate its efforts to comply with Title IX of the Education Amendments of 1972, as amended, and is designed to hear complaints or concerns related to Title IX for Personnel and students:

Name/Nombre: Robert Viña
Position/Título: Coordinator of Personnel/Legal Issues
Address/Dirección: 411 North 8th Avenue, Edinburg, Texas 78541
Telephone/Teléfono: (956) 289-2300

ECISD IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Edinburg CISD not to discriminate on the basis of sex, age, handicap, religion, race, color, or national origin in its' educational programs.
Es política del Distrito Escolar de Edinburg el no discriminar por razones con base en sexo, edad, religión, raza, color origen nacional, ni discapacidad dentro de sus programas educacionales.

11/2015

Applying For:

- Child Nutrition
- Maintenance & Facilities
- Transportation

CLASSIFIED APPLICATION FORM

An Equal Opportunity Employer

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY.

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone #: _____ Social Security #: _____ - _____ - _____

Person to notify in case of emergency: _____
Name Telephone #

Name of nearest relative not living with you: _____
Name

Street City, State, Zip Telephone #

Level of Education Achieved: _____ Location: _____

WORK EXPERIENCE:

List your last four (4) employers and supervisors:

NAME OF EMPLOYER AND SUPERVISOR	DATES	ADDRESS	PHONE #	TYPE OF WORK	REASON FOR LEAVING

Give full details of any period over six (6) months not covered above.

REFERENCES:

Give at least three (3) references, not relatives, who have known you for five or more years. Do not list anyone given as an employer.

GIVE COMPLETE MAILING ADDRESS: Please list street address, city, state, zip codes, and phone number.

NAME	OCCUPATION	MAILING ADDRESS	PHONE #

Do you have a valid driver's license? _____ YES _____ NO

State: _____ Class (A, B, or C) _____ License #: _____

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Indicate the years of experience and proficiency in any of the following trades:

	Trade	Years Experience	Proficiency			
			No Skill	Poor	Fair	Good
Transportation	Bus Driver					
	Truck Driver					
	Automotive Mechanic/ASE Certified? (Y/N)					
	Diesel Mechanic/ASE Certified? (Y/N)					
	Body Painter					
	Other					
Child Nutrition	Lunchroom Manager					
	Cook					
	Baker					
	Equipment Technician					
	Custodian					
	Inventory Clerk					
	Warehouseman					
Maintenance & Facilities	A/C Refrigeration					
	Carpenter					
	Custodian					
	Electrician					
	Groundsman					
	Locksmith					
	Mason					
	Painter					
	Plumber					
	Roofer					
	Warehouseman					
	Welder					
	Other					

Job Preference: _____

Driving Record

Have you received any traffic citations (tickets) during the past thirty-six (36) months? No _____ Yes _____

If yes, how many? _____ Types of Violations: _____

Have you received a traffic citation (ticket) for DWI (Driving While Intoxicated) during the past seven (7) years? No _____ Yes _____

Do you have a medical condition that affects your driving including the use of insulin? No _____ Yes _____

Have you been charged with any felony involving a motor vehicle in the past seven (7) years? No _____ Yes _____

Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer "Yes" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "YES" you must provide the date of termination of employment, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination. No _____ Yes _____

Explanation: _____

Have you ever been convicted of or plead guilty or no contest (Nolo Contendere) to, or received probation, suspension, or deferred adjudication for a felony or offence involving moral turpitude (including but not limited to theft, rape, murder,swindling, or indecency with a minor)? If yes, please state where, when and the nature of the offense. (Use additional sheets if necessary). No _____ Yes _____

Explanation: _____

(A felony conviction 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).

READ THIS PARAGRAPH BEFOR SIGNING THIS APPLICATION

Every answer I have provided on this application is both complete and truthful. I understand and agree that (1) if any information is omitted from or not filled in on this application, or if any false information is furnished, the district will reject my application, (2) if any false information is furnished, I will be ineligible for any future consideration for employment and may be subjected to criminal prosecution, and (3) if I am employed by the district, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.

I hereby certify that the answers herein are true and correct.

Signature of Applicant

Date

Thank you for applying with E.C.I.S.D.

The Edinburg Consolidated Independent School District is in compliance with all State and Federal regulations and is abiding by the Civil Rights Acts of 1964 and specifically with the regulations of Title VI, Title IX and the requirements of the modified court order, Civil Action 5281.

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NEPOTISM STATEMENT

SCHOOL BOARD MEMBERS	
<p style="text-align: center;">Oscar Salinas - President</p> <p style="text-align: center;">Juan "Sonny" Palacios, Jr. – Vice President</p> <p style="text-align: center;">Xavier Salinas – Secretary</p>	<p style="text-align: center;">Miguel Farias – Member</p> <p style="text-align: center;">Carmen Gonzalez – Member</p> <p style="text-align: center;">Robert Peña Jr. – Member</p> <p style="text-align: center;">Ellie Torres – Member</p>

I _____, hereby attest or affirm that (*circle one*) **I am / I am not** related to any member of the Board of Trustees of the Edinburg Consolidated Independent School District, within three degrees of consanguinity (*blood relation*) or by two degrees 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 immediate termination of my employment in this position.

Signature of Applicant

Date

These illustrations depict the relationships that violate the nepotism law.

CONSANGUINITY (BLOOD)

	Board member is prospective employee's: (<i>Check if Applicable</i>)			
First Degree	<input type="checkbox"/> Parent	<input type="checkbox"/> Child		
Second Degree	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Sister / Brother	
Third Degree	<input type="checkbox"/> Great Grandparent	<input type="checkbox"/> Great Grandchild	<input type="checkbox"/> Aunt / Uncle	<input type="checkbox"/> Niece / Nephew

AFFINITY (MARRIAGE)

	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 members: (<i>Check if Applicable</i>)			
First Degree	<input type="checkbox"/> Parent	<input type="checkbox"/> Child		
Second Degree	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> 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.

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EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
**WAIVER FOR CRIMINAL HISTORY RECORD INFORMATION &
NOTICE OF NATIONAL CRIMINAL HISTORY RECORD CHECK**

Dear Applicant:

The District may obtain criminal history record information that relates to a person the District intends to employ or a person who has indicated, in writing, an intention to serve as a volunteer with the District. School districts may obtain this information from any law enforcement agency or criminal justice agency.

I hereby authorize the Edinburg Consolidated Independent School District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine prospective employability.

I understand that if I am employed by the Edinburg Consolidated Independent School District, I may be discharged from my position if the Edinburg Consolidated Independent School District obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the Edinburg Consolidated Independent School District.

Non-Certified Applicants: In compliance with Senate Bill 9, all new non-certified applicants recommended for employment who have not been fingerprinted through another school district will be required to undergo a National Criminal History Record Check by submitting their fingerprints for review by the Federal Bureau of Investigation through the State Board for Education Certification (SBEC) prior to commencing employment. The fee for this process will be paid by the applicant. If the criminal history information clearing house finds that you are deemed "unemployable", your employment will be terminated. The Edinburg School District will also continue to use its discretion after review of the criminal history to determine employability of the applicant.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN WITH APPLICATION.

Full Name: _____
Last First Middle

Date of Birth: _____ **Texas Driver's License No:** _____

Social Security Number: _____

Signature Date

Criminal record history is privileged information and is for the use of the Edinburg Consolidated Independent School District and the Texas Education Agency.

<i>For office use only</i>
TXDPS FACT Clearinghouse Verification
Subscription Date:
Subscribed By:

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	