

PLEASE READ BEFORE COMPLETING AN APPLICATION

PROCEDURES FOR FILING AN APPLICATION WITH THE RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Thank you for your interest in employment with the Rio Grande City Consolidated Independent School District. To complete the application process, please follow the procedures indicated below and submit the required credentials to the Rio Grande City CISD Office of Human Resources at Fort Ringgold, Rio Grande City, Texas 78582.

1. All information called for on the application form should be filled out accurately and completely. Names, dates, and addresses where called for should be given in full. Put N/A where information does not apply.
2. References are called for on the application form. Professional references are an important part of the application and should include only those persons who have supervised the applicant's teaching and training experience. The applicant has the responsibility of providing at least three evaluation forms to the references listed on the application. It is strongly recommended that you provide a self-addressed stamped envelope to each one of your references. The completed evaluation report must be mailed directly to the Office of Human Resources from each person you listed as a reference in order for it to be valid. The address is Rio Grande City CISD, Office of Human Resources, Fort Ringgold, Rio Grande City, Texas 78582.
3. It is the responsibility of the applicant to see that an unofficial, up-to-date college transcript covering all college work and professional training is forwarded to the Office of Human Resources. If employed, an official college transcript is required.
4. A copy of your Texas Teacher Certificate, out-of-state certificate or college letter indicating you have applied for a certificate should be attached. If you have enrolled in an Alternative Certification Program, a letter of acceptance from the ACP Office must be included. If seeking employment under an emergency permit, you must meet all the requirements mandated by the State Board of Education Certification.
5. All credentials and references (numbers 1-4) must be received by the Office of Human Resources in order for your application to be processed and for you to be considered for employment. Your application will be kept on file for two years however; you need to call anytime you wish to be considered for any vacancy.
6. All inquiries concerning applications and vacancies and all requests for interviews should be addressed directly to the Office of Human Resources at (956) 716-6750. Office hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday.
7. You must keep us advised of any change of address, telephone number, or name in order to keep your application active.
8. You will be contacted by our office by either phone or letter if and when you are considered for employment.
9. Please 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 Office of Human Resources. Only those applicants interviewed and cleared through the Office of Human Resources will be permitted to interview with principals and other appropriate staff when positions are available.
10. If you are employed elsewhere after submitting an application for employment with Rio Grande City Consolidated Independent School District, please notify our office at (956) 716-6750.

Rio Grande City Consolidated Independent School District

Employment Application for Professional Personnel

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

An Equal Opportunity Employer

Personal Data

Date of Application _____ *Social Security No. _____

Name _____

Current Address _____
Last First Maiden Name
Street/ Box City State Zip Code

Other Address where you may be reached _____

Work Phone No. _____ Home Phone No. _____

E-mail Address _____

Name used on records if different from present name _____
 (to be used for reference checks)

** Disclosure of your Social Security Number ("SSN") is required of you in order for the Rio Grande City CISD to work with the State Board for Educator Certification (SBECE) in processing your application. The RGCCISD will not disclose your SSN without your consent for any other purposes except as allowed by law.*

Position Data

Position for which you are applying _____

Credentials included with application:

- Resume
- All teaching and professional certificates (front and back, if appropriate)
- All transcripts showing degrees

Date Available _____

Former Rio Grande City CISD Employee: Yes _____ No _____

If yes, give dates of employment: _____



Education/Training

Schools Attended: List all applicable information.

Name of School and Location:	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated (College Only)

Certification

- Type of Certificate held now
 - None
 - Valid Texas
 - Valid other state _____
 - Emergency (Texas)
 - Texas one-year certificate: Expiration date ____/____/____
 - Texas temporary administrative: Expiration date ____/____/____

- Area of specialization

<input type="checkbox"/> Administrator	<input type="checkbox"/> All level Art	<input type="checkbox"/> Vocational (specify): _____
<input type="checkbox"/> Superintendent	<input type="checkbox"/> All level Health and PE	<input type="checkbox"/> Nurse
<input type="checkbox"/> Principal	<input type="checkbox"/> All level Music	<input type="checkbox"/> Visiting teacher
<input type="checkbox"/> Midmanagement administrator	<input type="checkbox"/> Librarian	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Elementary	<input type="checkbox"/> Counselor	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> Elementary and Kindergarten	<input type="checkbox"/> Special Education (specify): _____	
<input type="checkbox"/> Secondary (Junior or senior high)		

List teaching experience beginning with most recent years.

Teaching Experience

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.

Other Work Experience

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

Professional Data

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

- Publications/articles _____

- Seminars/workshops conducted _____

- Other related professional activities _____

General Information

- Do you have a relative who is a member of the Rio Grande City CISD Board of Education? Yes _____ No _____
- Do you have a relative who is employed in any capacity with the Rio Grande City CISD? Yes _____ No _____

If yes to either of the above questions, please provide the following information:

Name of Relative	Relationship	Position Held	Campus/Department

- Have you been accused, indicted, convicted of or pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (including but not limited to theft, rape, murder, swindling, and indecency with a minor) Yes _____ No _____

If yes, state where, when, and the nature of the offense:

- Have you been terminated or resigned from any position with another school district or have you been asked to resign in lieu of a termination, nonrenewal or any other disciplinary action? Yes _____ No _____

If yes, please give us a brief explanation.

- If you resigned from a position with another school district for reasons other than those stated in the preceding questions, please give us a brief explanation as to the reasons why.

If you are convicted of a felony or offense involving moral turpitude, (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) while you are employed by the District, you are required to report said conviction to the Office of Human Resources within 10 days from the date of your conviction.

(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.)

Signature

DRUG-FREE WORKPLACE

It is the policy of Rio Grande City Consolidated Independent School District to maintain a Tobacco, Alcohol, & Drug-Free Workplace. All employees to the District will be required to sign a copy of the Rio Grande City CISD policy on a Drug-Free Workplace. In case of suspicious or reasonable cause, the District may require applicants and/or employees to be tested for drugs and alcohol as a requirement for obtaining or continuing employment.

1. Have you been convicted of a drug related offense? Yes ___ No ___

If yes, please explain. _____

2. In accordance with Rio Grande City CISD Drug-Free Workplace policy will you agree to a drug test for obtaining or continuing employment? Yes ___ No ___

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area Code & Phone No.

References

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.

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 same to you.

I understand that the district is required by Texas Education Code 22.083 to obtain criminal history record information on applicants selected for employment.

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed ___ days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Verification

Signature

Date

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential

The Rio Grande City Consolidated Independent School District is required by Texas Education Code 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

POSITION APPLYING FOR: _____

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female

Ethnicity:

American Indian/Alaskan Native Asian or Pacific Islander Hispanic

Black, not of Hispanic origin White, not of Hispanic origin

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

Signature

Date

OFFICE OF HUMAN RESOURCES USE ONLY

Reference Number

Date

RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
Office of Human Resources
Fort Ringgold
Rio Grande City, Texas 78582

REFERENCE REQUEST FORM

I hereby give you permission to complete the following reference request form furnished by the Rio Grande City Consolidated Independent School District and to forward the completed form to Rio Grande City CISD. I understand that this information will become part of my application and is considered CONFIDENTIAL and will not be revealed to me.

Signature of Applicant _____ Date _____

Name of Applicant _____ has applied to the Rio Grande City Consolidated Independent School District for a position as _____.

Name of Person completing Reference Request Form _____

Please give your candid opinion of the applicant's personal and professional qualifications as indicated by the items below. All information will be treated with STRICT CONFIDENCE.

Between what dates have you known the work of the applicant? From _____ to _____

What position did the applicant then occupy? _____

In what capacity did you know the applicant at the time? _____

For what position do you consider the applicant best suited? _____

If the applicant were applying to you for a similar position, would you employ? () Yes () No

Please indicate by check mark in appropriate columns your confidential rating of the applicant:

	Unsatisfactory	Below Expectations	Satisfactory	Exceeds Expectations	Clearly Outstanding	Lack Basis for Evaluation
General personality						
General education						
Knowledge of subject matter						
Teaching effectiveness						
Adaptability to new ideas						
Effectiveness in discipline						
Rapport with teachers						
Rapport with parents						
Rapport with students						
Attitude towards supervision						
Tact and empathy						
Follows established procedures						

Comments _____

Date _____ Signature of Designated Reference _____

Organization _____ Position _____

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