

EAST CHAMBERS ISD
1955 State HWY 124
Winnie, TX 77665
(409) 296-4307 FAX (409) 296-3528

Child Nutrition Department / Application

Employment Application for Service and Support 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 Number _____ Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle initial </div> Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street / Box City State Zip Code </div> Other addresses where you may be reached _____ Work phone _____ Home phone _____																				
Position Data	Position for which you are applying _____ Type of employment: Full-time _____ Part-time _____ Summer only _____ Date available _____ Have you ever been employed by this school district? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates of employment: _____																				
Education/Training	Check highest educational 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 two years college <input type="checkbox"/> Two or more years college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Other training or education _____ Licenses/certifications held _____ _____ Schools attended: List all applicable information. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 35%;">Name and locations of schools attended</th> <th style="width: 20%;">Course of study: major/minor fields</th> <th style="width: 30%;">Diploma, degree, certificate, or license held</th> <th style="width: 15%;">Year graduated (college only)</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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name and locations of schools attended	Course of study: major/minor fields	Diploma, degree, certificate, or license held	Year graduated (college only)																
Name and locations of schools attended	Course of study: major/minor fields	Diploma, degree, certificate, or license held	Year graduated (college only)																		

Work Experience	Please provide a complete listing of all jobs or positions you have held in the past ten years. List most recent first. Attach additional sheets if necessary. (Bus driver applicants, see Addendum.)			
	Employer and location	Position/Title	Dates employed	Reason for leaving
Special Skills	List specific skills and/or any machines or equipment you can operate. Include typing speed and number of years of experience.			
	1. _____	4. _____		
General Information	Do you have a relative who is a member of the EAST CHAMBERS ISD Board of Trustees? yes <input type="checkbox"/> no <input type="checkbox"/>			
	If yes, please provide the name of the relative and the relationship:			

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor)? yes <input type="checkbox"/> no <input type="checkbox"/>				
If yes, please state where, when, and the nature of the offense; also indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:				

(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.)				

References	Please list references who may be contacted regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at the last two employing organizations.				
	Full name of reference	School district/ Firm name	Mailing address	Position/Title	Area Code/ Phone number
Verification	<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 same to you.</p> <p>I understand that the District is authorized by Texas Education Code § 22.083(b) to obtain criminal history record information on applicants selected for employment.</p>				
	_____ Signature of Applicant		_____ Date		
<p>This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for a period of time not to exceed <u>365</u> 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.</p>					

