

# Waller Independent School District

## Application for *Support Staff*



Waller ISD is an Equal Opportunity Employer

Waller ISD considers applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

### Personal Data

Date of Application (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Name Used On Records If Different From Above: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Other Address Where You Can Be Reached: \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Contact Information: \_\_\_\_\_  
Primary Phone Number Alternate Phone Number eMail Address

### Position Information

Please write in the space(s) below the position(s) for which you are applying:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Type of Employment desired:  Full Time  Part Time  Summer Only

### General Information

Date Available for Work: \_\_\_\_\_

Are you a former Waller ISD Employee?  Yes  No (If yes, last year employed ) (mm/dd/yyyy): \_\_\_\_\_

Do you have a relative who is a member of the Waller ISD Board of Education?  Yes  No

If yes, please provide the name of the relative and relationship: \_\_\_\_\_

If employed, can you submit verification of your legal right to work in the United States?  Yes  No

### Skills / Certifications / Licenses / Training

Are you proficient in any language other than English?  Yes  No If yes, please list language(s): \_\_\_\_\_

List any special skills / certification / licenses / training applicable to the position(s) applying for (for example, creating spreadsheets, typing, machine operation / maintenance, HVAC, groundskeeping, custodial, food service, or special equipment skills) as well as the number of years of experience with the skill:

SKILL / CERTIFICATION / TRAINING	YEARS OF EXPERIENCE WITH SKILL
_____	_____
_____	_____
_____	_____

### Education

Please indicate the highest education level attained:

- Not High School Graduate - last grade completed \_\_\_\_\_
- High School Graduate or GED
- Have not yet obtained a Bachelor degree - college hours obtained: \_\_\_\_\_
- Bachelor Degree  Master Degree or higher degree

Please list all schools attended.

School and Location (most recent first)	Dates Attended (mm/yy)	Course of Study		Degree / Area of Specialization	Date Awarded (mm/yy)
		Major	Minor		

**Work Experience**

Please provide a complete listing of all other education or non-education jobs you have held in the past 10 years. Attach additional sheets if necessary.

Employer Location (City, State)	Position / Title	Dates of Employment		Reason for Leaving
		From (mm/yy)	To (mm/yy)	

**Work References**

List professional references that have supervised your work and would have first-hand knowledge of your character, scholarship, personality and abilities.

Full Name	Title	Mailing Address	Telephone No.

**Background**

Have you ever been involuntarily terminated or asked to resign from the employment of another school district?

Yes  No If yes, please provide the name of the school district, date, and reason for termination or resignation.

Have you ever been convicted or, plead guilty or no contest (nolo contender) 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 If yes please state where, when and the nature of the offense:

Please note: 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.

**SCHOOL BUS DRIVER APPLICANTS:** Please contact the Transportation Department (936-372-2116) or Human Resources Department to obtain a Bus Driver Application. Bus drivers must pass a physical examination and an alcohol and drug screening test.

**Verification**

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 a 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 Waller ISD 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 my result from furnishing same to you.

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

This application becomes the property of the Waller Independent School 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 two years. 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.

Printed Name	
Signature	Date
Return this application to: Waller ISD Human Resources Office 2214 Waller Street Waller, Texas 77484	Phone: (936) 372-4045 Fax: (936) 372-9151 Email: <a href="mailto:mbrooks@wallerisd.net">mbrooks@wallerisd.net</a>