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SHARYLAND

INDEPENDENT SCHOOL DISTRICT
1106 N. SHARY ROAD, MISSION, TEXAS 78572, PHONE (956) 580-5200 FAX (956) 580-5231
www.sharylandisd.org

MANUAL TRADES/AUXILIARY PERSONNEL APPLICATION

DATE OF APPLICATION		
Month	Day	Year

DATE AVAILABLE		
Month	Day	Year

SOCIAL SECURITY NUMBER								

- Name _____
Last First Middle E-mail Address
- Address _____
Street/Box City State Zip Code
- Work Phone _____ Home Phone _____
- Former Sharyland I.S.D. employee? No Yes, date of resignation: _____
- New to TRS Yes No Retired TRS Yes No, date of retirement: _____

EMPLOYMENT DESIRED

- ✓ Please check all that apply.
MANUAL TRADES/AUXILIARY: A/C & Heating Bus Aide Cafeteria Custodian
Electrician Mechanic Plumbing Yardman Welder
Bus Driver: Appropriate Class License No: _____
- ✓ Please check all that apply.
SUBSTITUTE: Custodian Cafeteria Both

EDUCATION/TRAINING

- Not a High School graduate (Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12)
- High School Graduate GED Less than two years college Two or more years of college
- Other training or education _____ Licenses/Certifications held _____

EDUCATION

	Name & Location Of School	Years Attended	Date Graduated	No. of College Hours	Type of Degree
High School					
College					
Trade, Business or Correspondence School					

WORK EXPERIENCE

Dates Employed	Employer's Name (Include address & Phone)	Supervisor's Name	Position / Title	Reason for Leaving
From month/year	Phone: _____			
To month/year				
From month/year	Phone: _____			
To month/year				
From month/year	Phone: _____			
To month/year				

Special Skills (List specific skills and/or any machines or equipment you can operate.
 Secretarial applicants include typing speed and office machines)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PERSONAL INFORMATION

1. What languages other than English do you speak? _____
 Read? _____ Write? _____
 2. Have you served in the military? Yes No
 3. Can you, after employment, submit verification of your legal right to work in the United State, i.e., alien registration card, U.S. passport, work authorization card, etc.? Yes No
 4. Do you have a relative who is a member of the Sharyland ISD Board of Trustees? Yes No
 5. Do you have a relative who is employed in any capacity in Sharyland ISD? Yes No
- If yes to either of the above question 4 or 5, please provide the following information:

Name of Relative	Relationship	Position Held	Campus/Department

6. Do you understand that in compliance with Texas Department Code §22.083, your criminal history records will be investigated for evidence of felony or misdemeanor convictions? Yes No
 7. Have you ever been convicted of a felony? Yes No
 8. Have you ever been convicted of a felony or misdemeanor for any offense involving moral turpitude including, but not limited to theft, rape, murder, swindling, or indecency with a minor? Yes No
- Note:** If yes for #7 or #8, state the date and place of arrest, nature of the charge, date and court in which you were convicted and subsequent disposition.

* _____

9. Have you ever been asked to resign or been discharged or terminated from any position?
 No Yes If yes, please explain:

* _____

10. It is the policy of Sharyland Independent School District to maintain a Drug-Free Workplace. All employees to the District will be required to sign a copy of the Sharyland I.S.D. policy for 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/or alcohol as a requirement for obtaining or continuing employment. Have you ever been convicted of a drug related offense? Yes No
 If yes, please explain:

* _____

In accordance with Sharyland I.S.D. Drug-Free Workplace policy will you agree to a drug test for obtaining or continuing employment? Yes No

* _____

* (Attached a separate sheet if necessary)

REFERENCES*

NAME: _____	ADDRESS: _____
TITLE/RELATIONSHIP: _____	PHONE NUMBER: _____
NAME: _____	ADDRESS: _____
TITLE/RELATIONSHIP: _____	PHONE NUMBER: _____
NAME: _____	ADDRESS: _____
TITLE/RELATIONSHIP: _____	PHONE NUMBER: _____

*PLEASE USE PROFESSIONAL REFERENCES

NOTE: It is the policy of Sharyland Independent School District that hourly (non-certified) personnel be placed on probationary status for the first three months of employment.

SHARYLAND INDEPENDENT SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, CREED, RELIGION, HANDICAPPING CONDITION, GENDER, AGE, NATIONAL ORIGIN, OR ON THE BASIS OF DISABILITY IN VIOLATION OF SECTION 504 IN EDUCATIONAL PROGRAMS OR ACTIVITIES WHICH IT OPERATES, INCLUDING EMPLOYMENT THEREIN.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that, if employed, any falsified information may be considered sufficient cause for dismissal. You are authorized to make an investigation of my education and work history. I understand, also, that I am required to abide by all rules and regulations of the District. I further agree that the information requested will not become a part of my personnel file, if I am employed by the District and I agree that the information will not be disclosed to me but will be treated as confidential by the District, and I waive any right to see this information.

Date: _____

Legal Signature of Applicant

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Telephone: (956) 580-5200 Fax: (956) 580-5231



Human Resources
1106 N. Shary Road
Mission, TX 78572
www.sharyland.k12.tx.us

