

Mission CISM Auxiliary Application Submission Process

Auxiliary applicants must submit:

- Completely filled out and signed Support Services application

Only complete application will be accepted.

All applications will be kept active for 6 months.

Please contact the Human Resources Office at (956) 323-5641 if you should need any further information.



1201 Bryce Drive Mission, Texas 78572 - 4399 (956) 323-5641
 Fax (956) 323-5632 www.mcisd.net

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR SUPPORT PERSONNEL

HR OFFICE USE ONLY	
SS	C/H _____ / _____
DPS	C/H _____ / _____
CC	C/H _____ / _____
HQ Status	_____
Area(s)	_____
Reviewed by:	_____
Date:	_____

Date of Application _____ Social Security Number _____ / _____ / _____

- Name _____
Last First Middle
- Address _____
Street/Box City State Zip
- Work Phone _____ Home Phone _____
- Alternate Phone _____ E-mail _____
- Position for which you are applying: _____
- Have you ever been employed by Mission CISD? Yes No
- Position: _____ From: _____ To: _____ Location: _____
Month/Year Month/Year
- Other name that may appear on records: _____

(Used for certification, references, and criminal history checks)

EDUCATION/TRAINING

- Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
- High school graduate GED Other training or education
- Licenses/certifications held _____

	Name & Location of School	Date Graduated	No. of College Hours	Type of Degree
HIGH SCHOOL				
COLLEGE				
Trade, Business or Correspondence School				
OTHER				

WORK EXPERIENCE

Dates Employed	Employer's Name (Include address & phone)	Position Held	Supervisor's Name	Reason for Leaving
FROM (month/year)	Phone: _____			
TO (month/year)				
FROM (month/year)	Phone: _____			
TO (month/year)				
FROM (month/year)	Phone: _____			
TO (month/year)				
FROM (month/year)	Phone: _____			
TO (month/year)				

DRUG - FREE WORKPLACE

It is the policy of Mission Consolidated Independent School District to maintain a Drug-Free Workplace. All employees to the District will be required to sign a copy of the Mission C.I.S.D. 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. In accordance with Mission C.I.S.D. Drug-Free Workplace policy, will you agree to a drug test for obtaining or continuing employment? Yes No
2. Have you ever been arrested, convicted of, plead guilty or no contest (no lo contendre) to, or received probation, suspension, or deferred adjudication for a misdemeanor, felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, indecency with a minor, or drug or alcohol related offenses)? Yes No

If yes, please state where, when, and the nature of the offense. _____

(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.)

PERSONAL INFORMATION

1. Do you have a relative who is a member of the Mission CISD Board of Trustees? Yes No
2. Do you have a relative who is employed in any capacity in Mission CISD? Yes No

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

Name of Relative	Relationship	Position Held	Campus/Department

3. Have you ever been asked to resign or been discharged from any position?

Yes No If yes, please explain. _____

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

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

EMPLOYMENT REFERENCES

Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance.

School District/FirmName	Area Code/Phone	Immediate Supervisor	Dates Employed

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 fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed above 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 the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ. I also understand that it is the policy of Mission Consolidated Independent School District that hourly (non-certified) personnel be placed on probationary status for the first three months of employment and that I am required to abide by all rules and regulations of the district.

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 6 months. If you have not received a response during this time period, you may reapply or reactivate your application.

Legal Signature of Applicant

Date

RETURN TO:

OFFICE OF HUMAN RESOURCES

Mission Consolidated Independent School District

1201 Bryce Drive • Mission, Texas 78572 - 4399

Phone (956) 323-5641 • Fax (956) 323-5632

www.mcisd.net

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, CREED, RELIGION, HANDICAPPING CONDITION, GENDER, AGE, NATIONAL ORIGIN, MARITAL STATUS, VETERAN OR MILITARY STATUS, THE PRESENCE OF A MEDICAL CONDITION OR ANY OTHER LEGALLY PROTECTED STATUS, OR ON THE BASIS OF DISABILITY IN VIOLATION OF SECTION 504 IN EDUCATIONAL PROGRAMS OR ACTIVITIES WHICH IT OPERATES, INCLUDING EMPLOYMENT THEREIN.

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Authorization to Conduct Criminal Record Search

Addendum to Application

Mission Consolidated Independent School District is required by state law to obtain criminal history information on all applicants that are being considered for employment or volunteer work with the school district (Senate Bill I, Texas Education Code, Section 22.083). School districts may obtain this information from any law enforcement agency.

I hereby authorize Mission Consolidated Independent School District to conduct investigation inquires into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine my acceptability for employment.

Please complete the information below and return with the application.

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

Ethnicity: () African American/Black () American Indian or Alaskan Native
() Asian or Pacific Islander () Hispanic or Latino () White/Non Hispanic

Gender: Male _____ Female _____

Please list your previous addresses for the past 10 years.

Address _____

Address _____

Address _____

I understand that the information I am providing about age, gender, 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.

I also understand that if employed, my employment with Mission C.I.S.D. will be temporary, pending the outcome of the criminal history record information. If the results indicate that I was convicted of a felony, or had an offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor), that I never disclosed, Mission C.I.S.D. has the right to terminate my employment.

Signature

Date

**Criminal Justice Agencies
DPS Computerized Criminal History (CCH) Verification**

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with the DPS FAST program, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy may remain on file by your agency. May be used for future DPS Audits)

Signature of Applicant or Employee

Date

Mission CISD Human Resources

Agency Name (Please print)

Belinda Gonzalez

Agency Representative Name (Please print)

Belinda Z. Gonzalez

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: <u>EMPLOYMENT</u>	
Reference # _____	_____ initial
Date _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

**Mission Consolidated Independent School District
Office of Human Resources**

DIRECTIONS: Check the position for which you are applying. Sign and show your driver's license number and name of State where issued.

POSITION	PHYSICAL DEMANDS
<input type="checkbox"/> EDUCATIONAL SECRETARY	Normal office environment. Ability to lift and carry 45 pounds without assistance. May include working with children.
<input type="checkbox"/> EDUCATIONAL PARAPROFESSIONAL	Normal classroom environment (working with children). Occasional to constant standing, stooping, kneeling, stretching and bending. Moderate to heavy pushing and pulling. Ability to lift and carry 45 pounds without assistance. Exposure to dust.
<input type="checkbox"/> CUSTODIAL AND/OR MAINTENANCE EMPLOYEE	Continual walking, standing, and/or climbing. Ability to lift and carry 45 pounds without assistance. Exposure to hot and cold temperatures. Exposure to dust, toxic chemicals and materials. Slippery or uneven walking surfaces. Working on ladders. Working alone at night.
<input type="checkbox"/> FOOD SERVICE EMPLOYEE	Standing, walking, pushing and pulling. Ability to lift and carry 45 pounds without assistance. Some stooping, bending, and kneeling.
<input type="checkbox"/> TRANSPORTATION EMPLOYEE	Sitting. Exposure to hot and cold temperatures. Working irregular hours. Working with children. Ability to lift and carry 45 pounds without assistance. Driving over rough roads.
<input type="checkbox"/> SUBSTITUTE TEACHER	Continual standing, stooping, kneeling, stretching and bending. Moderate to heavy pushing and pulling. Ability to lift and carry 45 pounds without assistance. Exposure to dust.
<input type="checkbox"/> FIXED ASSETS/WAREHOUSE EMPLOYEE	Continual walking, standing, stooping, kneeling, stretching bending and/or climbing. Moderate to heavy pushing and pulling. Exposure to hot and cold temperatures. Exposure to dust, toxic chemicals and materials. Slippery or uneven walking surfaces. Ability to lift and carry 45 pounds without assistance.
<input type="checkbox"/> SECURITY OFFICERS	Continual standing and walking. Occasional kneeling, squatting, crouching, crawling, bending, and stair climbing. Occasional lifting of 45 lbs. from floor to waste. Occasional medium lifting to shoulder height, carrying, pushing, and pulling. Moderate exposure to extreme hot and/or cold temperatures, and vehicle fumes. Able to work outside and inside in any kind of weather.

Signature of Applicant _____

Date _____

Driver's License Number _____

Specify State _____