

**Applications will be screened prior to scheduling interviews.**

**Submission of application does not guarantee that the applicant will be interviewed.**

**Incomplete Applications Will Not Be Processed.**

**DO NOT FAX**

**KEEP THIS INSTRUCTIONS FOR REFERENCE**

**Read Instructions before completing this application.**

Procedure when applying for a paraprofessional position(s):

1. Completed application.
2. Current résumé.
3. Letter of Interest for each **POSTED** position.
4. Copy of high school or college transcripts(s):
  - High school transcript(s) if applying for secretary/clerk position; and/or
  - College transcript(s) if applying for teacher's aide position. (May be used for all paraprofessional positions)
5. **IMPORTANT:** See Teacher Aide Requirements Listed Below.

**\*\*\*\*\* Teacher Aide Requirements\*\*\*\*\***

According to the No Child Left Behind Act, an applicant must have one of the following qualifications:

As of January 8, 2002, newly hired paraprofessionals must have:

1. Completed at least two years of study at an institution of higher education; or
2. Obtained an associate's degree or higher degree; or
3. Met a rigorous standard of quality that demonstrates, through a formal state or local academic assessment (educational service center).
  - Knowledge of and the ability to assist in instructing, reading, writing and mathematics; or
  - Knowledge of and the ability to assist in instructing, reading readiness, writing readiness, and math readiness. (This applies to those primarily working with early childhood.)

**Bus Driver Applicants:**

1. Need a Commercial Driver's License (CDL) with "S" endorsement.

**NOTE: A LETTER OF INTEREST MUST BE SUBMITTED FOR EACH POSTED POSITION.**

**The Letter of Interest MUST include:**

- Legal name (no nicknames).
- Address.
- Telephone Number(s).
- Position desired.
- Location (if listed).
- List if you are an applicant, employee, or substitute.

Port Arthur Independent School District  
Department of Personnel  
P.O. Box 1388  
Port Arthur, TX 77641-1388  
PH: (409) 989-6282; (409) 989-6251; (409) 989-6245; (409) 989-6241; FX (409) 983-2733; [www.paisd.org](http://www.paisd.org)

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## APPLICATION FOR PARAPROFESSIONAL AND HOURLY

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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, and marital or veteran status.

**PAISD IS AN EQUAL OPPORTUNITY EMPLOYER**

(Please Print or Type)

Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street or Box No. City State Zip

Social Security No. \_\_\_\_\_ - - Telephone ( ) -

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Paraprofessional**

- \_\_\_\_\_ Teacher Aide (must submit college transcript(s) with application)
  - \_\_\_\_\_ Secretary (must submit High School Diploma or GED with application)
  - \_\_\_\_\_ Clerk (must submit High School Diploma or GED with application)
  - \_\_\_\_\_ Nurse Aide (must submit High School Diploma or GED with application) **MUST BE CERTIFIED NURSE'S AIDE**
  - \_\_\_\_\_ LVN (must submit college transcript(s) with application)
- Specify if posted \_\_\_\_\_

### **Technology and Media Resources:**

- \_\_\_\_\_ Programmer/Analyst (must submit college transcript(s) with application)
  - \_\_\_\_\_ Computer Technician (must submit college transcript(s) with application)
  - \_\_\_\_\_ Micrographics Technician
  - \_\_\_\_\_ PEIMS (must submit High School Diploma or GED with application)
- Specify if posted \_\_\_\_\_

### **Hourly**

- \_\_\_\_\_ Cafeteria Specify if posted \_\_\_\_\_
- \_\_\_\_\_ Custodian Specify if posted \_\_\_\_\_

### **Transportation:**

- \_\_\_\_\_ Bus Aide Specify if posted \_\_\_\_\_
- \_\_\_\_\_ Bus Driver Specify if posted \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

### **Maintenance:**

- \_\_\_\_\_ Audio-Visual Technician
  - \_\_\_\_\_ Carpenter
  - \_\_\_\_\_ Craftsman
  - \_\_\_\_\_ Electrician
  - \_\_\_\_\_ HVAC Technician
  - \_\_\_\_\_ Painter
  - \_\_\_\_\_ Plumber
  - \_\_\_\_\_ Other \_\_\_\_\_
- Specify if posted \_\_\_\_\_

**\*\*\*\*This Section is for Bus Drivers Only\*\*\*\***

Commercial Driver's License with "S" endorsement is required by the State to drive a school bus.

Commercial Driver's License Number \_\_\_\_\_

**EXPERIENCE**

Type of Work	Dates Worked	Name and Address of Employer(s)	Reason for Leaving

**EDUCATION**

Highs School and College(s) Attended	City and State	Dates Attended	Diploma, Degree or Certificates

If you have a relative who works for this District or who serves as a member of the Board of Trustees, please give the name and position.

\_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_

Moral turpitude is an act of baseness, vileness, depravity in the private and social duties which a person owes another member of society and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor.

Have you ever been convicted of a felony or any offense involving moral turpitude? If yes, please explain: Yes    No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony or any offense involving moral turpitude and received deferred adjudication or probation? If yes, please explain: Yes    No

If yes, please explain: \_\_\_\_\_

Conviction of a crime is not an automatic bar of employment. The District will consider the nature of the offense and the relationship between the offense and the position for which you are applying.

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

\_\_\_\_\_ Signature of Applicant

Are you aware of any reason you would not be able to perform the essential functions of the position for which you are making application? Yes    No

If yes, please explain: \_\_\_\_\_

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I hereby certify that the information provided on this application is to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it.

\_\_\_\_\_  
Signature of Applicant

**REFERENCES**

List three persons **NOT** related to you, who can furnish information about your work performance.

Name	Official Position	Address	Telephone

**NOTICE TO BUS DRIVER AND MAINTENANCE APPLICANTS**

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

All prospective transportation and maintenance applicants for employment in the Port Arthur Independent School District should be aware that district policies afford a drug-free workplace for all its employees. As a condition of employment in positions that require a commercial driver's license and performance of safety-sensitive functions, applicants will be requested to consent to alcohol and controlled substance testing under the rules and regulations as set forth by the Department of Transportation.

Federal regulations also require that the District obtain alcohol and controlled substance testing results for the two years prior to applying in the District. Authorization to release this information from previous employers is a condition of employment with the District.

I consent to screening for alcohol and controlled substances in the manner set forth in district policies and procedures and I further agree to comply with all of the requirements of the District, the DOT regulations and any federal, state or local laws and rules governing the use of abuse of illegal controlled substances. I understand and agree that my alcohol and controlled substance test results must be disclosed to the Medical Review Officer and the District's designated administrators. I hereby further consent and agree to waive any physician-patient privilege that may otherwise exist with respect to the confidentiality of my controlled substance test results. I hold harmless the District, its administrators, and its employees for any authorized implementation of these procedures.

I understand that my failure to honor the terms of District policy and DOT regulations or refusal to sign this form will be grounds for the rejection of my application for employment.

I, the undersigned, acknowledge that I have been informed of the District's requirements relative to alcohol and controlled substance testing. I further authorize and agree to the release of alcohol and controlled substance testing results to authorize officials of Port Arthur Independent School District.

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APPLICANT SIGNATURE

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SOCIAL SECURITY NUMBER

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APPLICANT PRINTED NAME

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DATE SIGNED

## CRIMINAL RECORD RELEASE AUTHORIZATION

House Bill 1498, 71<sup>st</sup> Legislature requires school district to obtain criminal history record information that relates to an applicant for employment/volunteering.

I hereby authorize any and all law enforcement agencies to release any and all criminal history that I may have to the Port Arthur Independent School District.

I understand that the only purpose of obtaining such information is for the evaluation of for volunteering or chaperoning in the Port Arthur Independent School District.

**(PLEASE PRINT AND COMPLETE ALL INFORMATION IN BLUE OR BLACK INK)**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number/P.O. Box City State Zip

Phone Number(s) \_\_\_\_\_

Location \_\_\_\_\_  
(If volunteer, list campus)

Ethnicity (Race) \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Completed \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE SEND THESE FORMS TO CATHY ROSAS OR SHARON GARCIA IN THE DEPARTMENT OF PERSONNEL.

**ALL INFORMATION MUST BE COMPLETED.**

### FOR OFFICE USE ONLY

APPROVED

NOT APPROVED (SEE FILE)

NOT APPROVED REQUIRES SIGNATURE OF THE DIRECTOR OF PERSONNEL

**\*\* PLEASE DO NOT FAX \*\***

## 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 information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

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 must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

<b>Please:</b>		
<b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES ___	NO ___	___ initial
Purpose of CCH: _____		
Hired ___	Not Hired ___	___ initial
Date Printed: ___/___/___		___ initial
Destroyed Date: ___/___/___		___ initial
<b>Retain in your files</b>		