

Child Nutrition Staff Application

Managers, Substitutes

Equal Opportunity Employer

Please read the following carefully in order to complete your application form.

This form must be completed properly by each candidate including complete addresses (with a Zip Code) for previous employers and references. References will be investigated. Vacancies are filled by the best qualified applicants available. All Hiring will be in compliance with the Immigration Act of 1990, in order to fulfill the legal requirements regarding emplacement authorization and identity. Please include a copy of your Resume that would present a better illustration of your background, training, experience and capabilities. Interviews are required to fulfill a position.

Encargados, Substitutos.

Patrón de la oportunidad igual.

Leer por favor el siguiente cuidadosamente para terminar tu formulario de inscripción. Este se debe llenar el formulario correctamente por cada candidato incluyendo direcciones completas (con un código postal) para los patrones anteriores y las referencias. Las referencias serán investigadas. Las vacantes son llenadas por los mejores aspirantes cualificados disponibles. Todo el emplear estará de acuerdo con el acto de la inmigración de 1990, para satisfacer los requisitos legales con respecto a la autorización del emplazamiento y la identidad incluye por favor una copia de tu curriculum que presentaría una ilustración mejor de tu fondo, entrenamiento, experiencia y capacidades. Las entrevistas se requieren al llenar una posición. Horas de oficina son lunes hasta el viernes 7:00 mañanas hasta 3:30 P.M.

Office Hours Monday through Friday 7:00 a.m. 3:30 p.m.

www.crosbykitchen.com

www.crosbyisd.org

Child Nutrition Services Employment Application

We consider applicants for all positions without regard to race, color, national origin, age, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

Personal Data

Social Security Number _____

Last Name

First Given Name

Middle Name

Other names by which you have been known _____

Address

(_____) _____

City & State

Zip Code

Telephone

Alternate phone numbers

where you can be reached (_____) _____ (_____) _____

General Information

Former Crosby I.S.D. employee: ____ YES ____ NO If Yes give employment dates _____

_____ Under What Name? _____

Reason for leaving _____

Do you have a relative who is a member of the Crosby I.S.D. board of education? ____ Yes ____ NO

If Yes please give the name and relationship: _____

Type of Employment: ____ Full Time ____ Substitute

Position: _____

Work Experience Please provide a complete listing of all jobs or positions you have held in the past 7 years. List most recent first. Attach additional sheets if necessary.

Employer and Location	Position/Title	Dates of Employment	Reason for Leaving
1.....
2.....
3.....

Personal References Give at least three (3) references, not relatives. Give complete mailing addresses

Full name of reference	Address (street, apt. #, etc., city, state, zip code)	Area code and phone number
1..... (Relationship)
2..... (Relationship)
3..... (Relationship)

Education (Please give complete name of school attended)

High School Diploma/School Name/Location _____

If Not a high school graduate, circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12

GED ___ Yes ___ NO

Highest College Degree _____ Total College Hours/Years _____ / _____

Other training or education _____

List specific skills and /or any machines or equipment you can operate.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Criminal History All Texas school districts are authorized to obtain any criminal information relating to an applicant for employment, by Education Code Section 22.083. Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you been convicted of any criminal offense other than a traffic violation? ___ Yes ___ No

If Yes, please explain: _____

Have you ever been convicted of any crime or offense, other than a minor traffic offense, and received probation?

___ Yes ___ NO

If Yes please explain: _____

Has any court ever received a plea of guilty or a plea of nolo contendere from you for any offense, other than a minor traffic offense, deferred further proceedings without entering a finding of guilty or placing you on probation? ___ Yes ___ No

If yes please explain: _____

Have you ever been involuntary terminated from employment by an employer? ___ Yes ___ NO

If Yes, please give the name of the employer, date and the reason for the termination or resignation: _____

Why do you desire to leave your present position/job, why did you leave your last position/job? _____

Crosby Independent School District is a tobacco, alcohol, and drug-free workplace.

Applicants: PLEASE READ THE FOLLOWING INFORMATION AND SIGN.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or omission will be sufficient cause for cancellation of my application or dismissal from subsequent employment.

I authorize the references listed in this application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing information to you.

The Crosby Independent School District - in compliance with the Title VII, American Disability Act, Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973 and other statues- seeks to provide equal opportunity with out regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status. This policy extends to the employment and all programs and activities conducted by the district. For Further information, Contact the Office of the Superintendent, Crosby Independent School District, 706 Runneburg Rd. Crosby, Texas 77532

Faxed Documents and Email Documents Will Not be accepted.

This Application is Considered Incomplete Without Signature.

(Date)

Signature of Applicant

Direct to: Child Nutrition Services