

RICARDO INDEPENDENT SCHOOL DISTRICT
138 W. CR. 2160
Kingsville, Texas 78363

ANCILLARY APPLICATION

NAME _____ S.S.# _____
LAST FIRST MIDDLE

ADDRESS _____ TELEPHONE: HOME _____
WORK _____
OTHER _____

EDUCATION _____
SCHOOL/LOCATION MAJOR MINOR DIPLOMA/DEGREE YEAR GRADUATED
H.S. _____

SIGNATURE _____ DATE _____

Equal Opportunity Employer

ANCILLARY APPLICATION

SPECIAL SKILLS

List specific skills and/or any machines or equipment you can operate. Include typing speed and number of year's experience.

- 1. 5.
- 2. 6.
- 3. 7.

REFERENCES

NAME	ADDRESS	POSITION/TITLE	PHONE NO.

RICARDO INDEPENDENT SCHOOL DISTRICT

138 W. County Road 2160

Kingsville, Texas 78363

CRIMINAL HISTORY RECORD RELEASE

I, _____
(name as it appears on driver's license)

an applicant for employment with the Ricardo Independent School District, hereby authorize the Ricardo Independent School District to obtain criminal history record information from any law enforcement agencies which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports, to release such information to the Ricardo Independent School District for the sole purpose of evaluating me for employment with the Ricardo Independent School District. I hereby release the Ricardo Independent School District and any law enforcement agencies receiving a copy of authorization from any liability for the release of any information to the Ricardo Independent School District.

Applicant's Signature

Date

This release form is not used as part of your application evaluation and is not kept with your application. The following information is needed to request a criminal history check by law enforcement agencies.

Driver's License Number

State of Issue

Date of Birth

Race

Mail or personally deliver this form to:
TEXAS WORKERS' COMPENSATION COMMISSION
Southfield Building, 4000 South IH-35, MS-92B
Austin, Texas 78704-7491



**THIS FORM MUST BE FILLED OUT COMPLETELY AND
MUST BE SIGNED AND DATED BEFORE A NOTARY.**

PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

SECTION I: TO BE COMPLETED BY JOB APPLICANT

1. Name of Job Applicant (Print or type)	3. Social Security Number
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filing valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

Job Applicant's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Job Applicant's Name)

ON THIS _____ DAY OF _____, YEAR _____

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission expires: _____

SECTION II: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

1. Name of Employer (Print or type)	3. Employer's Federal Tax I.D. #	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type) Phone Number: ()		5. Prepaid Account Number

I am a prospective employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 et. seq. because:

(Employer Must Check One):

- I am an employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").
- I am an employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

A \$2.00 fee is required of the prospective employer per request. Your remittance must be attached. The TWCC-156 form will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to TWCC.

certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Employer/Rep. Name)

ON THIS _____ DAY OF _____, YEAR _____

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission Expires: _____