



POR VIDA ACADEMY

CHARTER DISTRICT

FOR LIFE

1135 Mission Road, San Antonio, TX 78210

Phone: 210-532-8816

Fax: 210-534-0795

VOLUNTEER & TUTOR APPLICATION

Instructions: Please read the following carefully. Application for employment must be completed in black ink or typed. Resumes, Diplomas and transcripts must be attached for all applicants applying for a teaching or an administrative position. Certificates can be attached. All information furnished in this application is subject to verification by the Human Resource Office.

Date:	Location:	Position Applying For:	Start Date:
-------	-----------	------------------------	-------------

Indicate your name as it appears on your social security card.

Last Name:	First Name:	Initial(s)
Social Security Number	Home No:	Business#:
Date of Birth:	Cell No:	Ext No:
Mailing Address (Street, City, State, Zip):		Email Address:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Not Hispanic/ Latino <input type="checkbox"/> Hispanic/Latino

Emergency Contact

Name/Relationship	Address	Phone
Name/ Relationship	Address	Phone

Medical Information

Physician	Office	Insurance	Policy / Group	Hospital
-----------	--------	-----------	----------------	----------

The following information is optional and only use for medical emergencies.

Medical problems: _____

Medications: _____



POR VIDA ACADEMY
CHARTER DISTRICT
FOR LIFE

Confidentiality Agreement

I understand that in the course of my volunteer/tutor time with Por Vida, Inc. ALL student and staff information is confidential. I agree not to access, review, disclose or use confidential student or staff information without specific authorization from a school administrator, or as otherwise authorized and required by applicable law. I also understand that even when I am no longer a volunteer/tutor at Por Vida, Inc. any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in my immediate termination as an employee/volunteer/tutor and may result in legal action against me.

I understand that I must comply with all Por Vida, Inc. policies and school rules applicable to school staff as well as all directions from school administrators and staff while serving as a volunteer/tutor. I further understand that my employee/volunteer/tutor role may be terminated at the discretion of the Superintendent and/or school administrator at any time if they determine it is in the best interests of the school or the students.

I have read, understand, and agree to the information presented above:

Signature: _____ Date: _____

Print Name: _____



POR VIDA ACADEMY

CHARTER DISTRICT

FOR LIFE

CRIMINAL HISTORY RECORD INFORMATION

1. Have you ever been convicted of a criminal offense? ☐ Yes ☐ No
2. Have you ever been convicted of a misdemeanor involving theft, the use or possession of drugs or controlled substances, or possession of a weapon? ☐ Yes ☐ No
3. Have you ever entered a plea of nolo contendere to a criminal charge or indictment? ☐ Yes ☐ No
4. Have you ever entered a plea bargain in a criminal charge or indictment (including misdemeanors), resulting in probation or deferred adjudication? ☐ Yes ☐ No
5. If you answered "YES" to any of the above, give details as to the offense, sentence, and year of conviction or plea. _____

***NOTE TO APPLICANT:** If for any reason you refuse to answer the foregoing questions regarding your criminal history and/or refuse to execute the accompanying Consent to Background Search, no questions will be asked and no conclusions will be drawn; however, in that event, your employment application will be rejected and denied from consideration.

EQUAL OPPORTUNITY EMPLOYER

POR VIDA, INC. and its educational programs do not discriminate with regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law in accordance with applicable federal laws, including, but not limited to, Title VII, Title IX Section 504, and Title VI, the Americans with Disabilities Act, 422 U.S. § 12112 (a)(b), and Section 504 of the Rehabilitation Act of 1973, in its educational programs, employment, and activities. In addition, PVI complies with applicable state and local laws governing nondiscrimination. This policy applies to all terms and conditions of employment, including but not limited to, hiring, placement, promotion, termination, reduction in force, transfer, leaves of absence, compensation, training, educational programs and school activities.

READ CAREFULLY AND SIGN BELOW

I certify that the answers set forth above are true and complete. I understand that any false statement, material omission, or misrepresentation on this application may constitute grounds for denial of employment, or may result in my dismissal if discovered after my employment. I understand that I may be required to submit to finger printing for investigative purposes, and to drug testing as a condition of employment. Any offer of employment is contingent upon the results of the foregoing investigative reports and tests. Any offer of employment may require that I undergo and pass a physical examination, provided at the school's expense, by a physician designated by or approved by the company, which physical will include a substance abuse evaluation.

Approved by the company, which the physical will include a substance abuse evaluation. This application for employment shall only be considered active for a period of time not to exceed 30 days. In consideration of my employment, I agree to comply with all of the rules, regulations and policies of this school; I agree that my employment may be terminated at any time, with or without cause, and with or without notice, at the option of either the school or myself; I agree and understand that my employment is for an indefinite period of time; and I further understand that no one has any authority on behalf of the school to enter into any agreement contrary to any of the foregoing, unless otherwise specifically stated in writing and signed by the Principal of POR VIDA, INC.

Signature of Applicant

Date



POR VIDA ACADEMY

CHARTER DISTRICT

FOR LIFE

DPS Computerized Criminal History (CCH) Verification

I, _____, _____ acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print) D.O.B.

History (CCH) 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss any information obtained using this method. 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 go through the agency for instructions on setting an appointment. I understand there is a fee for the service and is due when the appointment is scheduled. See www.L1enrollment.com for fees.

Once this process is completed 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

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ____ NO ____ initial

Purpose of CCH: _____

Empl ____ Vol/Contractor ____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files

[illegible]