



POR VIDA ACADEMY

CHARTER DISTRICT

FOR LIFE

1135 Mission Rd.
 San Antonio, TX 78210
 Phone: 210-532-8816
 Fax: 210-534-0795

Contract Labor 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: _____

	Yes	No		Yes	No
Are You Legally Authorized To Work In The U.S.	<input type="checkbox"/>	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently employed	<input type="checkbox"/>	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	<input type="checkbox"/>
If yes, may we inquire of your present employer	<input type="checkbox"/>	<input type="checkbox"/>	Substitute	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by us	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, where, when, what position _____					
Do you have any relatives working for this school?	<input type="checkbox"/>	<input type="checkbox"/>			
List names/ Relationship: _____					
Are willing to Travel?	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasional <input type="checkbox"/> not at all <input type="checkbox"/>				



POR VIDA ACADEMY CHARTER DISTRICT FOR LIFE

Texas Education Agency Required Fingerprinting Information/Authorization

Section 1

Have you submitted your fingerprints to Texas Education Agency Division of Fingerprinting?

Yes OR No If no, then proceed to Section 2.

If yes, answer question below and proceed to Section 2.

How was your fingerprint information uploaded to TEA? (choose one of the valid roles.)

CR- Certified Role NC – Non-Certified S - Substitute

Section 2

Must complete this section. Please provide legal information only.

Last Name: _____ First Name: _____

Middle Name: _____ SSN: _____

Driver License Number: _____ State Issuing Driver License: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Purpose of Fingerprinting:

Substitute - Are you planning on substituting for the campus?

Non-Certified – Are you a teacher without a Texas teaching certificate? or Other

Certified Role – Are you a teacher with a Texas teaching certificate?

If certified, what are you certified in? Circle only one of the following role codes.

008 Counselor – 011 Educational Diagnostician – 013 Librarian – 020 Principal

027 Superintendent – 029 Teacher – 033 Educational Aide – 034 Other Certified

I understand I am required to complete fingerprint process prior to my first day of work.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Campus: _____

Uploaded: _____

Cleared: YES _____ NO _____

Subscribed in DPS: _____

Printed: YES _____ NO _____

Destroy Date: _____

Initials: _____



POR VIDA ACADEMY
CHARTER DISTRICT
FOR LIFE

Verification of Government Issued Cards

Applicant's Name: _____

Date of Birth: ___/___/___

Verification of Applicant's Social Security Card

I, _____, certify that the applicant's legal name and social
(Name of Official)
security number match the information that was provided on the Por Vida Employment Application.

Discrepancies: _____

Verification of Applicant's Driver License

I, _____, certify that the information on the applicant's
(Name of Official)
driver license matches the information that was provided on the Employment Application.

Discrepancies: _____

Signature of HR Director or Principal

Date

Signature of Applicant

Date



POR VIDA ACADEMY
CHARTER DISTRICT
FOR LIFE

Confidentiality Agreement

I understand that in the course of my employment/volunteer/tutoring 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 an employee/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: _____

HR Rep: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

