



**APPLICATION FOR EMPLOYMENT**

**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:
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**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
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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				



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
**FOR LIFE**

**DIRECT DEPOSIT**

I, \_\_\_\_\_ request that my payroll check be direct deposited

to the following:

Name of Bank: \_\_\_\_\_

Account No. \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

Amount:  \$ \_\_\_\_\_ or  Entire Paycheck

Type of Account:  Checking  Savings (Check One)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*ATTACH A VOIDED CHECK\*\*\*\*\*

\*\*\*\*\*ATTACH A VOIDED CHECK\*\*\*\*\*

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## Statement Concerning Your Employment in a Job Not Covered by Social Security

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**Employee Name:** \_\_\_\_\_

**Employee ID#:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer ID#:** \_\_\_\_\_

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit [www.ssa.gov](http://www.ssa.gov).

### **For More Information**

Social Security publications and additional information are available at [www.ssa.gov](http://www.ssa.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

**I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.**

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, [www.ssa.gov/online/ssa-1945.pdf](http://www.ssa.gov/online/ssa-1945.pdf).



**POR VIDA ACADEMY**  
**CHARTER DISTRICT**  
**FOR LIFE**

Teacher Retirement Systems (TRS)  
NOTICE

**TRS changes effective September 1, 2003.**

SECTION 1.

Have you contributed to TRS in the past?

Yes

No

**Section 1 - Note:**

- If your answer is No, then your TRS will be effective 90 days after your date of hire.
- If your answer is Yes, proceed to Section 2.

SECTION 2.

Have you CLOSED your account with TRS?

Yes

No

**Section 2 - Note:**

- If your answer is No, your TRS will be effective from the date of hire.
- However, if your answer is Yes, the TRS effective date will be 90 days from date of hire.



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**Employee Acknowledgment of Worker's Compensation Network**

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in the information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will notify Human Resources or Workman's' Compensation carrier.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers if my employer decides not to cover the cost.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I live at:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

TX

\_\_\_\_\_  
Zip Code

Name of Employer: Por Vida Inc.

Name of Carrier: Hanover Insurance Group

Please indicate whether this is the:

Initial Employee Notification

Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**DO NOT RETURN THIS FORM TO CARRIER UNLESS REQUESTED**



# POR VIDA ACADEMY

## CHARTER DISTRICT

FOR LIFE

### Confidentiality Agreement

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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: \_\_\_\_\_

**Pre-Employment Affidavit for Applicant Offered Employment**

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:

**Adjudication and conviction** refer to a conviction, plea of guilty or no contest (nolo contendere), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:\_\_\_\_\_.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:\_\_\_\_\_.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

State of Texas  
County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature