

Mathis Independent School District Employee Form

Legal Name _____ S.S.# _____ DOH _____
(As it appears on S.S. Card) Date of Hire

Nick Name _____ Former Last Name _____
(If Applicable)

Ethnicity _____ Date of Birth _____ Gender _____

Marital Status _____ Mathis ISD ID# _____

1. Single 2. Married 3. Divorced 4. Widow/Widower

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Highest Degree Held _____

Certification _____

Employment(Circle one below)

1. Full Time
2. Part Time
3. Temporary
4. Substitute

Classification(Circle one below)

1. Teacher/Librarian/Counselor/Nurse
2. Administrator 5. Maintenance
3. Clerical 4. Support Staff

Emergency Contact Information

Name _____ Address _____

Phone# _____ Relationship _____

The Public Information Act allows employees to elect whether to keep certain information about them confidential (i.e. name, address, phone#, social security #). Please indicate whether you wish to allow public release of your information.

_____ No-MISD may not release my information

_____ Yes-MISD may release my information

Signature _____

Date _____

Campus _____ Assignment _____ Supervisor _____

MISD Years of Service _____ Total Years of Service _____ Teaching Step Level _____
(If Applicable)

OFFICE USE ONLY



Mathis I.S.D.

"Building Minds Together"

Mr. Benny P. Hernandez, Superintendent of Schools

Attention: _____ Human Resources Dept.
Previous School District

Mathis ISD has employed _____ for the
(Employee's Name)

_____ school year. Please forward the following documents to our Human Resources Department:

Records Requested:

- ☒ Original Service Record
- ☒ Original Teaching Certificate
- ☒ Original College Transcript
- ☒ Appraisal Records(s) (Most Recent Two Years) (If Applicable)
- ☒ Copies of Academic Trainings

I hereby authorize you to release the information requested.

Signature

Date

We are formally requesting the documents listed above to be sent to:

Mathis Independent School District
Attn: Human Resource Department
P.O. Box 1179
Mathis, Texas 78368.

Sincerely,

Jennifer Encinia, Director of Human Resources

2018-2019 PEIMS Data Standards
Appendix F: Ethnicity and Race Reporting Guidance

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race.
United States Federal Register (71 FR 44866)

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ Not Hispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date:

Texas Education Agency – March 2018



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i>		D TYPE OF DEPOSITOR ACCOUNT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> CHECKING </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> SAVINGS </div> </div>	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		E DEPOSITOR ACCOUNT NUMBER <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 1 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 2 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 3 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 4 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 5 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 6 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 7 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 8 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 9 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 0 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 1 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 2 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 3 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 4 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 5 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 6 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 7 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 8 </div> <div style="border: 1px solid black; width: 100px; height: 30px; position: relative;"> 9 </div> </div>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		F TYPE OF PAYMENT <i>(Check only one)</i>	
AREA CODE		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension </div> <div> <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> Other _____ <i>(specify)</i> </div> </div>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>	
C CLAIM OR PAYROLL ID NUMBER <i>(Social Security Number)</i>		<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> TYPE </div> <div style="width: 30%;"> AMOUNT </div> </div>	
Prefix	Suffix	JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i>	
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i>	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		<div style="display: flex; justify-content: space-between;"> <div style="width: 85%;"> ROUTING NUMBER <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> </div> <div style="width: 10%; text-align: center;"> CHECK DIGIT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> DEPOSITOR ACCOUNT TITLE </div>	
FINANCIAL INSTITUTION CERTIFICATION			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97

MATHIS INDEPENDENT SCHOOL DISTRICT

RETIRE/REHIRE ADDENDUM

If you are receiving or have received retirement benefits through the Teacher Retirement System of Texas (TRS) or any other retirement program (Retirement Benefits), you acknowledge the following:

1. The District cannot and does not make any guarantees regarding your continued right to receive the Retirement Benefits.
2. You are relying on your own investigation and understanding of the law and upon the guidelines, rules, and regulations regarding employment after retirement of the program(s) under which you retired. You are not relying on any statements made by the District regarding the effect of District employment on your Retirement Benefits.
3. You agree not to sue or otherwise bring any claim against the District, its Board of Trustees, its Superintendent, or any other employee or agent of the District for any loss or reduction in the value of your Retirement Benefits.
4. If you retired under the TRS, the District must report your employment to the TRS. You agree not to sue or otherwise bring any claim against the District, its Board of Trustees, its Superintendent, or any other employee or agent of the District based on such reports.
5. You acknowledge that, because of your retiree status, the District will incur expenses over and above those associated with hiring a non-retiree in a similar position with similar years of experience. You agree that the District may reduce your pay to offset these expenses, provided that your salary does not fall below the state minimum if applicable.

Please sign below and return this document to the Superintendent.

Employee: _____

Date signed: _____





MATHIS INDEPENDENT SCHOOL DISTRICT

CONFIDENTIALITY AND USE OF INFORMATION AGREEMENT

Confidentiality Agreement dated as of _____, 20____ between Mathis ISD and
_____ (employee).

Much of the district's data is NOT confidential and may be released to outside entities. However, some employee and most student data are confidential, and may not be released except under certain specific conditions.

Individual staff data is generally non-confidential except for social security number and birthdates. Student data is HIGHLY confidential, and is protected under the Family Educational Rights Privacy Act of 1974, (FERPA). FERPA allows for few exceptions to student confidential information, however the release of that information will be made by District Administrator.

Whereas Mathis Independent School District expects to disclose to the Mathis ISD employee's confidential information about Mathis ISD students, employees, business and technology, the employee agrees as follows:

1. Mathis ISD Confidentiality Agreement means, individual and collectively, any and all information, including and without limitation, information relating to students, families and personal staff information of Mathis ISD.
2. Mathis ISD shall disclose to the employee only Mathis ISD Confidential Information as the District, at its sole discretion, considers necessary for employee to provide services in their defined role.
3. The Employee shall maintain Mathis ISD Confidential Information received in pursuant to this Agreement in confidence and not disclose the same to any third party. Employee shall use Mathis ISD Confidential Information exclusively for the purpose of its role at Mathis ISD as defined, and for no other purpose.
4. Among the most critical information that may NOT be released is documentation related to employee's Personally-Identifiable information such as social security number, date of birth, health, benefits, financial, family members, or other personal information.
5. Employee shall not disclose Mathis ISD Student or Staff Confidential Information to any entity except as is required by Employee's duties to Mathis ISD and only if such disclosed information is properly reviewed and approved by Mathis ISD Administrative Staff.

Employee (Signature)

Employee (Printed Name)

Employee Campus, Grant or Department

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ **Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).**

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

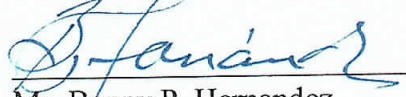
(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Mathis Independent School District
602 East San Patricio
Mathis, TX 78368
361-547-3378(phone)
361-547-9474(Fax)

REFERENCE FORM

_____ has applied for the position of _____
with Mathis I.S.D. Please give us your opinion of the candidate's personal and professional
qualifications as indicated by the items below.


Mr. Benny P. Hernandez
Superintendent of Schools

TO: _____
(Name of person completing Reference)

Date: _____

***Applicant should complete the top section of this form before forwarding to reference.*

	Clearly Outstanding	Exceeds Expectations	Satisfactory	Below Expectations	Unsatisfactory
General Appearance					
Loyalty & Reliability					
Work Motivation					
Attendance & Punctuality					
Communication Skills					
Decision Making/Problem Solving					
Effectiveness as Instructor/Leader					
Leadership Management					
Ability to work with others					
Emotional Stability					

Length of Acquaintanceship: From: _____ To: _____

Your Official Relationship to Applicant: _____

Would you employ the applicant in the position desired? _____

Signature: _____

Date: _____

Official Title: _____

Date: _____

Address: _____

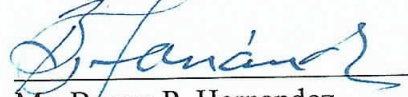
Date: _____

**Please return to Jennifer Encinia, Human Resources Director at: 602 E.
San Patricio, Mathis, TX 78368 or by email at jencinia@mathisisd.org.**

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Effectiveness as Instructor/Leader					
Leadership Management					
Ability to work with others					
Emotional Stability					

Length of Acquaintanceship: From: _____ To: _____

Your Official Relationship to Applicant: _____

Would you employ the applicant in the position desired? _____

Signature: _____

Date: _____

Official Title: _____

Date: _____

Address: _____

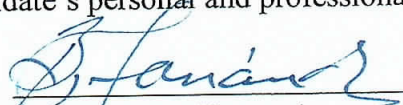
Date: _____

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Work Motivation					
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Communication Skills					
Decision Making/Problem Solving					
Effectiveness as Instructor/Leader					
Leadership Management					
Ability to work with others					
Emotional Stability					

Length of Acquaintanceship: From: _____ To: _____

Your Official Relationship to Applicant: _____

Would you employ the applicant in the position desired? _____

Signature: _____ Date: _____

Official Title: _____ Date: _____

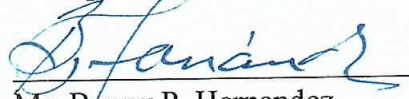
Address: _____ Date: _____

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(Name of person completing Reference)

Date: _____

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	Clearly Outstanding	Exceeds Expectations	Satisfactory	Below Expectations	Unsatisfactory
General Appearance					
Loyalty & Reliability					
Work Motivation					
Attendance & Punctuality					
Communication Skills					
Decision Making/Problem Solving					
Effectiveness as Instructor/Leader					
Leadership Management					
Ability to work with others					
Emotional Stability					

Length of Acquaintanceship: From: _____ To: _____

Your Official Relationship to Applicant: _____

Would you employ the applicant in the position desired? _____

Signature: _____

Date: _____

Official Title: _____

Date: _____

Address: _____

Date: _____

**Please return to Jennifer Encinia, Human Resources Director at: 602 E.
San Patricio, Mathis, TX 78368 or by email at jencinia@mathisisd.org.**