

Dear Substitute Applicant:

Attached you will find the substitute teacher application. There is other necessary documents that are to be completed for the Sabine Independent School District, which are available at the Superintendent's office and listed below.

NOTE: Additional paperwork required to be filled out for all substitutes, which includes the following:

- 1) Letter of Reasonable Assurance
- 2) Substitute Teacher Handbook Receipt
- 3) W-4
- 4) I-9
- 5) Direct Deposit Form – please attached a “voided” check
- 6) Ethnicity and Race Data Questionnaire
- 7) Fingerprinting requirements by Texas State Legislature
- 8) Food and Allergy Management Plan Online Training
- 9) Requirements for the Affordable Care Act
- 10) Availability of Coverage under TRS ActiveCare Insurance
- 11) Insurance Benefits (if declining, please fill out section 2 & 6)
- 12) SISD Acceptable Use of the District's Electronic Communication System

This information is available at the Sabine Superintendent's office located at 5424 FM 1252 W, Gladewater, Texas.

The substitute packet will also include a time sheet, Sabine Policy letter, Substitute Pay Scale, Sabine School Calendar, Help Contact List, Sabine ISD Dress Code and Grooming Code, Substitute Teacher Payroll Procedures and Substitute Policies.

**Please be sure to bring your driver's license and social security card – with your permission, we will need to make a copy for our records to keep with the I-9 form.**

In regards to the Interview Verification Sheet (next page), you may go by the campus or campuses you are interested in substituting at (during normal school hours) and ask one of the people listed on the form to “sign off” that they have met you. Be sure to take your application with you in case they want to look over your experience.

If you are degreed or certified, you must provide proof in order to be paid accordingly.

Your interest in our school system is greatly appreciated. Please feel free to call should you have any questions 903-984-8564, ext. 204.

# SUBSTITUTE TEACHER INTERVIEW VERIFICATION SHEET

The following person has had an interview on my campus:

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Teri Bass, Principal PK-5  
Carrie Mashburn, Asst. Principal PK-5  
Monell Burns, Secretary

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Stanton Reaves, Principal 6-8  
Sara Cantrell, Asst. Principal 6-8  
Kim Bradburry, Secretary

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Monty Pepper, Principal 9-12  
Stephanie Richard, Asst. Principal 9-12  
Kimber Lutz, Secretary 9-12

Date of application _____				
Personal Data	Name _____ <i>Last First Middle initial</i>			
	Mailing address _____ <i>Street/Box City State ZIP Code</i>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>			
	Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)			
Assignment	Please list the days you are available to substitute and your assignment preferences. Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education Preferred campuses: _____ _____			
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Have you been employed by Sabine ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	List the highest level of education attained: _____ Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>

<b>Certification</b>	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> Other: _____			
	Category/Level(s) of Certification: _____			
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____			
	_____			
<b>Teaching Experience</b>	List teaching experience beginning with most recent years. Attach additional sheets if necessary.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	

<b>Other Work Experience</b>	Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.				
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	<b>References</b>	List references the district can contact regarding your work history.			
Full name of reference		School district/ firm name	Mailing address	Position/title	Area code/ phone number

General Information	<p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

*\*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The Sabine Independent School District Title IX Coordinator is:  
*Mr. Stacey Bryce, Superintendent, 5424 FM 1252 W, Gladewater, Texas 75647.*

# DPS Computerized Criminal History (CCH) Verification

## Sabine ISD – Substitute

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
(Please print)

APPLICANT or EMPLOYEE NAME History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. 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 this agency. Required for future DPS Audits)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  
Signature of Applicant or Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

### **SABINE ISD (Revised 2/14/20)**

\_\_\_\_\_  
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: \_\_\_\_\_

Hired \_\_\_\_\_ Not Hired \_\_\_\_\_ \_\_\_\_\_ Initial

Date Printed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ Initial

Destroyed Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ Initial

**Retain in your files**



## SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

903-984-8564 ♦ Web Site: [www.sabineisd.org](http://www.sabineisd.org)

### BACKGROUND / CRIMINAL HISTORY INFO

#### Confidential

The Sabine Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Add'l Last Names (Maiden, previous married names – if applicable):

\_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Sex: ☐ Male ☐ Female Ethnicity: ☐ Black ☐ White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This form will be removed from the application and filed separately in the HR office.