



SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

903-984-8564 ♦ Web Site: www.sabineisd.org

ADDENDUM FOR SCHOOL BUS DRIVERS

*An Equal Opportunity Employer**

Personal Data	Name _____ Phone number _____ <i>Last First Middle initial</i>
	Hours available for work _____ Driver's license number _____ Type _____
	Do you have a Texas School Bus Driver Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever had a driver's license suspended, revoked, or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____
Background Check Information	Are there any criminal charges or proceedings pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____
	In the past 10 years, have you: (1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or (2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations) <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, state where, when, and the nature of the offense _____ _____ _____
	In the past two years, have you failed an employer's alcohol or drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____

Driving Experience	Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.			
	Employer address and phone	Kind of work	Dates employed	Reason for leaving
Verification	<p>I hereby affirm that all information provided in this addendum 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 understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.</p> <p style="text-align: center;"> </p> <p style="text-align: center;"> </p> <p style="text-align: center;"> </p> <p style="text-align: center;"> </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.



SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

903-984-8564 ♦ Web Site: www.sabineisd.org

SERVICE AND SUPPORT APPLICATION

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____			
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>	
	Mailing address _____			
	<i>Street/Box</i>	<i>City</i>	<i>State</i> <i>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>				
Position Data	List the position(s) for which you are applying _____			
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only			
	Date you can begin work _____			
	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 _____			
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.			
	1. _____	4. _____		
	2. _____	5. _____		
	3. _____	6. _____		
Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). 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	

Work Experience	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	

References	Please 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

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>

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Sabine ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <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>_____</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 above 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 of applicants.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 24 months. If you have not received a response during this time period, you may reapply or reactivate your application.</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 – Application for Employment

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

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.