



SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

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

PROFESSIONAL APPLICATION

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Last</i> <i>First</i> <i>Middle initial</i> </div> Mailing address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Street/Box</i> <i>City</i> <i>State</i> <i>ZIP Code</i> </div> E-mail address _____ Home phone _____ Cell phone _____ Other phone _____ Other name that may appear on records _____ <div style="font-size: x-small; margin-top: 10px;"><i>(Used for certification, reference, and criminal history record checks)</i></div>			
Position Data	List the position(s) for which you are applying _____ Credentials included with application: <div style="margin-left: 20px;"> <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees </div> 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 _____			
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>

Certification/Licensure	<p>Certificates or Licenses Currently Held:</p> <p> <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: _____ </p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>																																											
Teaching Experience	<p>List teaching experience beginning with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td><td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> <tr> <td>Name and location of school</td><td></td><td>Name and location of school</td><td></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> </table>				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	
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Other Work Experience	Please 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		
	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

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>(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 of applicants.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____</p> <p>Signature</p> </div> <div style="text-align: center;"> <p>_____</p> <p>Date</p> </div> </div> <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.

Pre-Employment Affidavit for Applicant

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:

_____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

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

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.

DPS Computerized Criminal History (CCH) Verification

Sabine ISD – Certified Teacher and/or Licensed Professional

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



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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.