



# SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

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

## SERVICE AND SUPPORT APPLICATION

*An Equal Opportunity Employer\**

<b>Date of application</b> _____			
<b>Personal Data</b>	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>Middle initial</i></span> </div> Mailing address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <span><i>Street/Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP Code</i></span> </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: 5px;"><i>(Used for certification, reference, and criminal history record checks)</i></div>		
<b>Position Data</b>	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 _____		
<b>Special Skills</b>	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           1. _____            2. _____            3. _____         </div> <div style="width: 48%;">           4. _____            5. _____            6. _____         </div> </div>		
<b>Work Experience</b>	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

<b>Work Experience</b>	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>	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
<b>Education/Training</b>	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>
	<p><b>Verification</b></p> <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> <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. 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**



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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.