

SANTA ROSA INDEPENDENT SCHOOL DISTRICT

P.O Box 368, Santa Rosa, Texas 78593 (956) 636-9800 ext. 101 Fax: (956) 636-1439

We consider for all positions without regard to race, color, national origin, age, religion, gender, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

Please provide a copy of your Driver's License or I.D. Card

VOLUNTEER APPLICATION

An Equal Opportunity

	PERSONAL DATA					
Date of Application	*Social Security Number					
Name						
Last	First	Middle				
Current Address Street Box	City	State	Zip			
			•			
Other Address where you may be reached						
Cell Phone:						
Other names that may appear on records: (Used only for reference checks)						
"Providing your Social Security number allows the district to verify your certification. Disclosure is optional."						
Troviang your securi security n	POSITION DATA	recrification. Discussive	is optional.			
List the campus/department where you would	like to volunteer:	1000000 Million (1880 1880) Anni Shani Sha				
Type of employment:	□ Volunteer		□ Other			
Date you can begin:			4906dd000addaadaan			
Have you been employed by Santa Rosa I.S.D	. in the past?	□ No				
If you answered yes, provide dates of employn	nent					
EDUCATION/TRAINING						
Check the highest level of education attained:						
☐ Not a high school graduate (circle last grad	e completed) 1 2 3 4 5 6 7 8 9 10 1	11 12				
☐ High school graduate ☐ GED	☐ Less than 2 years of college	□ 2 or more year	s of college			
☐ Bachelor's degree ☐ Master's De	gree Other training or edu	ucation				
-	· ·	Call del del del 2016 de ser la calle del del 2016 de ser la calle del del 2016 de ser la calle del 2016 del 2	n varanta kanamakki (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)			
	GENERAL INFORMATION	ON				
Do you have a relative who serves on the Santa Yes Do No If yes, please provide the relative years.	a Rosa ISD Board of Education or tive's name and relationship:	who works for the distri	ct?			
Have you ever been convicted of, plead guilty adjudication for a felony or offense involving tindecency with a minor)? Yes No	or no contest (nolo contendere) to, noral turpitude (including, but not	, or received probation, s limited to, theft, rape, m	uspension, or deferred urder, swindling, and			

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.

I understand the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

	RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION				
Name of Applicant		Texas Drivers License Number			
Maiden Name (If Appl	licable)	Other I.D. (If No Drivers License)			
Street Address		Social Security Number			
City, State, and Zip Co	de	Date of Birth			
	Sex	Place of Birth			
Ethnicity		race of Butu			
n accordance with the nformation that related vriting to obtain such c onsidered complete ur riminal history inform	I to an applicant for employment was criminal history record information taless the school district has been gi	22.083, a school district is entitled to obtain a criminal history record with the school district, if the applicant authorizes the school district in Your application for employment with the district shall NOT be iven your permission to obtain such criminal history records. The ct will be used for the purpose of evaluating you as an applicant for			
In accordance with the information that related writing to obtain such considered complete urcriminal history inform employment with the S I have read and underst complete access to any	It to an applicant for employment weriminal history record information allows the school district has been given obtained by the school district anta Rosa Independent School Distant the preceding information, and all criminal history record information.	22.083, a school district is entitled to obtain a criminal history record with the school district, if the applicant authorizes the school district in Your application for employment with the district shall NOT be iven your permission to obtain such criminal history records. The ct will be used for the purpose of evaluating you as an applicant for			

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 current school year. If you have not received a response during this time period, you may reapply or reactivate your application.

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I,	, have been notified that a Computerized Criminal
	APPLICANT or EMPLOYEE NAME (Please print)
History	(CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure ^v	Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee			
Date			
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:			
Hire Not Hired	initial		
Date Printed:	initial		
Destroyed Date:	initial		
Retain in your files			