



SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

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

EDUCATIONAL AIDE 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: ☐ Full-time ☐ Part-time ☐ Summer only			
	Date you can begin work _____			
	Have you been employed by Sabine ISD in the past? ☐ Yes ☐ 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	Do you have a relative who serves on the Board of Education or is an employee of Sabine ISD? ☐ Yes ☐ No If yes, please provide the relative's name and relationship: _____ _____ 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)? ☐ Yes ☐ No If yes, please state where, when, and the nature of the offense _____ _____ _____ _____ (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.)
	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 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. I understand that the district is required by Texas Education Code to review criminal history of applicants. _____ Signature _____ Date 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.

*Applicants who are considered for hire will be required to fill out three forms: Pre-Employment Affidavit, DPS Computerized Criminal History (CCH) Verification (2 forms) and will be provided by the Campus Administrator or Department Supervisor. These forms will be emailed to you and **due to the secure information required on these forms**, they should be filled out and returned to Tracy Calvit at the Superintendent's office at the address above or faxed to 903-984-6108.*

In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.

Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, (Sabine Independent School District Title IX Coordinator is: Shelley Yates, Curriculum Director, 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 – Aide, Paraprofessional

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.