



## SANTA ROSA INDEPENDENT SCHOOL DISTRICT

### CONSULTATIVE SERVICE CONTRACT

This contract and agreement is made and entered into by and between the Santa Rosa Independent School District, referred to herein as "District", and \_\_\_\_\_ referred to herein as "Consultant". The parties have severally and collectively agreed and by the execution hereof are bound to the mutual obligations and to the performance and accomplishment of the tasks herein after described.

Consultant shall provide professional services, consultation, and expertise to the District for use and benefit of public education in Texas.

The District shall pay to the consultant a fee of \$ \_\_\_\_\_ ☐ Monthly ☐ Daily ☐ Hourly

All information, materials, or products developed pursuant to this contract shall be the property of the District, and Consultant shall not assert any claims at common law or in equity or establish any claim to statutory copyright in such materials or make any reproduction of said materials without the prior written permission of the District.

**DESCRIPTION OF SERVICES: (Date of Service & Time) Audience:** ☐ Students ☐ Staff ☐ Other

\_\_\_\_\_  
\_\_\_\_\_  
*This contract in all its particulars is subject to all Federal and Texas State laws, rules and regulations pertaining to the contract project, including but not limited to Titles VI and VII of the Civil Rights Act of 1964, as amended, and Title XI of the Education Amendments of 1972, as amended; and any recourse to judicial action shall be in the Courts of the State of Texas to the exclusion of all other courts.*

The Consultant will be paid no later than 30 days after services are provided.

Printed Consultant or Business Name: \_\_\_\_\_

SSN \_\_\_\_\_ EIN \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Approved and accepted by consultant/business on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

Campus/Department Approval

\_\_\_\_\_  
Campus/Department Name

\_\_\_\_\_  
Principal/Administrator Signature/Date

Funding Source: ☐ Other ☐ Account No: \_\_\_\_\_

#### ADMINISTRATIVE USE ONLY

\_\_\_\_\_  
State & Federal Administrator

Date

☐ Approved

☐ Denied

\_\_\_\_\_  
Superintendent

Date

☐ Approved

☐ Denied

\_\_\_\_\_  
Chief Financial Officer

Date

☐ Approved

☐ Denied

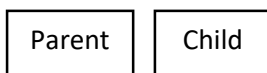


These illustrations depict the relationships that violate the nepotism law.

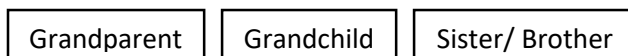
**CONSANGUINITY**  
(Blood) Kinship

Board member is prospective employee's:

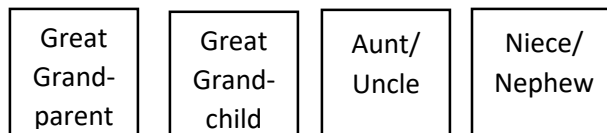
First Degree



Second Degree



Third Degree



**AFFINITY**  
(Marriage) Kinship

Board member's spouse is the prospective employee.

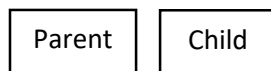
OR

Board member's spouse is prospective employee's:

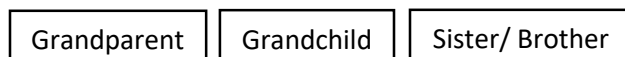
OR

Prospective employee's spouse is the Board member's:

First Degree



Second Degree



**NOTE:** The spouses of two persons related by blood are not by that fact related. The affinity chart supposes only one affinity relationship between the board member and prospective employee through either of their spouses.

**BOARD MEMBERS**

|                        |                |
|------------------------|----------------|
| Mrs. Alissa Perez      | President      |
| Mr. Juan Manuel Perez  | Vice-President |
| Mrs. Kelly Ballin      | Secretary      |
| Mrs. Theresa Castaneda | Trustee        |
| Ms. Rachel Olivarez    | Trustee        |
| Mr. Lorenzo Ovalle     | Trustee        |
| Mr. Rene Flores        | Trustee        |
| Dr. Isaac Rodriguez    | Superintendent |

I, \_\_\_\_\_, hereby attest or affirm that (circle one) **I am/I am not** related to any member of the Board of Trustees of the Santa Rosa ISD, within three degree of consanguinity (blood relation) or by two degree of affinity (marriage).

If applicable, please indicate to whom you are related \_\_\_\_\_.

I fully understand that any false information contained here will be just cause for the immediate termination of my employment in this position.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



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 Driver's License Number

\_\_\_\_\_  
Maiden Name (If Applicable)

\_\_\_\_\_  
Other I.D. (If No Driver's License)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Ethnicity

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Place of Birth

In accordance with the Texas Education Code, Section §22.083, a school district is entitled to obtain a criminal history record information that related to an applicant for employment with the school district, if the applicant authorizes the school district in writing to obtain such criminal history record information. Your application for employment with the district shall NOT be considered complete unless the school district has been given your permission to obtain such criminal history records. The criminal history information obtained by the school district will be used for the purpose of evaluating you as an applicant for employment with the Santa Rosa Independent School District and for no other reason.

I have read and understand the preceding information, and I do hereby authorize the Santa Rosa Independent School District complete access to any and all criminal history record information pertaining to me on file with your agency and do hereby unequivocally grant permission to your agency to release all of said criminal history information to the Santa Rosa Independent School District.

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

**THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.**

Agency to retain this CCH Verification Form for DPS auditing purposes.

## DPS Computerized Criminal History (CCH) Verification Form

### Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

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 [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History 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. **Acknowledge by signing below.**

|                      |       |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

### Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name: Santa Rosa ISD

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

### Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

|                                                                                 |                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose for CHRI Search.                                                        | <input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:                                                                                    |
| Is any part of the Criminal History Record Information (CHRI) stored by agency? | Reminder: DPS does not recommend storing any part of CHRI.<br><input checked="" type="checkbox"/> NO, CHRI is <span style="color: red;">not</span> stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency. |
| CHRI Retention Period                                                           | <input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input checked="" type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:                                                              |
| CHRI Storage Method                                                             | <input type="checkbox"/> Physical/Printed (paper copy)<br><input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)                                                                                    |
| CHRI Retention Purpose                                                          | Explain: N/A                                                                                                                                                                                                                 |
| Date CHRI Destroyed                                                             | N/A                                                                                                                                                                                                                          |
| Destruction Method                                                              | Explain: N/A                                                                                                                                                                                                                 |

[CHRI + Audit Resources Link](#)