SANTO INDEPENDENT SCHOOL DISTRICT

An Equal Opportunity Employer*

Date of application _____ Received by Supt Office _____

Personal Data

Name _____
Last *First* *Middle initial*

Current address _____
Street/Box *City* *State* *ZIP Code*

Other address where you may be reached _____

Home phone _____ Cell phone _____

Email address _____

Other name that may appear on records _____

(Used for certification, reference, and criminal history record checks)

Assignment Preference

Please list the days you are available to substitute and your assignment preferences.

Day(s) of week ☐ Every day
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Assignment ☐ Any assignment
☐ Elementary ☐ Intermediate ☐ Secondary ☐ Special Education

Preferred campuses _____

_____

Are you receiving Texas Teacher Retirement (TRS) benefits? ☐ Yes ☐ No
(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)

Position Data

Credentials included with application:
- ☐ Résumé
- ☐ All teaching and professional certificates or licenses
- ☐ All transcripts showing degrees

Have you been employed by Santo ISD in the past? ☐ Yes ☐ No
If you answered yes, provide dates of employment _____

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 *(College only)*

Please submit a copy of your current driver's license & Social Security card when turning in form.

Certification

Certificates or Licenses Currently Held:

- ☐ None
- ☐ Valid Texas
- ☐ Valid Other State_____
- ☐ Texas One-Year (out-of-state/country): Expiration date:_____
- ☐ Other: _____

Category/Level(s) of Certification: _____ _____

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

_____ _____

_____ _____

_____ _____

Teaching Experience

List teaching experience beginning with most recent years.

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	

Please submit a copy of your current driver's license & Social Security card when turning in form.

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

Please submit a copy of your current driver's license & Social Security card when turning in form.

General Information

Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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.)

Verification

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 sub sequent employment.

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, per sonal 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 record information of substitute teachers.

_____ _____

Signature Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

**Applicants for all position are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, equal pay, disability, genetic information, veteran or military status, or any other legally protected status.*

The superintendent is the district's Title IX Coordinator. The superintendent can be reached at 940-769-3847.

Please submit a copy of your current driver's license & Social Security card when turning in form.

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.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the Crime Records General Information | DPS (texas.gov) *Review of Personal Criminal History* or call 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.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

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

Agency Name:
Authorized Searcher:
Signature of Authorized Searcher:
Date of Search:

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

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	**Reminder: DPS does not recommend storing any part of CHRI.** ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	**Reminder: CHRI must be destroyed after authorized purpose has ended.**
Destruction Method	Explain:

CHRI + Audit Resources (CJIS Launch Pad) link