

Sabine Pass Independent School District

Office of:
HUMAN RESOURCES
 5641 S. Gulfway Dr.
 P.O. Box 1148
 Sabine Pass, TX 77655
 409-971-2321

DATE REC'D:
INTERVIEW LETTER DATE:
INTERVIEW DATE:
DATE CARD:
MEETING DATE:

AUXILIARY PERSONNEL APPLICATION

SOCIAL SECURITY NUMBER	DATE OF APPLICATION	DATE AVAILABLE
NAME		
LAST	FIRST	INITIAL
OTHER		
PRESENT ADDRESS		HOME PHONE ()
Number	Street	
City	State	ZIP
PERMANENT ADDRESS		BUSINESS PHONE ()
Number	Street	
City	State	ZIP
Former Sabine Pass ISD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when? _____		

POSITIONS APPLIED FOR

CHECK ALL BOXES THAT APPLY, PLEASE PROVIDE ADDITIONAL INFORMATION WHERE INDICATED

FULL-TIME EMPLOYMENT

PART-TIME EMPLOYMENT

- Custodial
- Maintenance
- Bus Driver
- Cafeteria
- Clerk

Equipment Operated:

1	
2	
3	
4	

Unique Skills:

1	
2	
3	
4	

DRIVING INFORMATION

Drivers License No. _____	Type: _____	
<input type="checkbox"/> Operator		<input type="checkbox"/> Chauffeur
Expiration Date: _____		Expiration Date: _____
<input type="checkbox"/> Commercial		
Expiration Date: _____		
Number of tickets (last 3 years) _____	Have you ever been charged with DWI? _____	If so, when? _____
Do you have auto liability insurance? _____	Currently in effect? _____	

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

HIGH SCHOOL _____ LOCATION _____

COLLEGE/UNIVERSITY AND LOCATION	DATES ATTENDED		MAJOR	MINOR	DEGREE	DATE
	From	To				

WORK EXPERIENCE

List in chronological order (If more space is needed, attach separate sheet):

From Mo Yr	To Mo Yr	# of Years	Name & Address of Business	Position

MILITARY SERVICE RECORD

From Mo Yr	To Mo Yr	Branch	Highest Rank	Type of Work	Type of Discharge

The district is required by Texas Education Code 21.917 to obtain criminal history record information on the applications for employment. The district will require you to sign, and return the attached Criminal Records Check Authorization.

Have you ever been convicted of or charged with a felony, misdemeanor, or a crime involving moral turpitude (Including but not limited to: theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred
If "Yes," where, when, and why?

(Conviction of a felony 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.)

REFERENCES

PERSONAL: Give five references listing persons who have known you for a period of years. Do not include former employers.

Full Name of Reference	Position	Complete Address	Phone Number

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL AFTER EMPLOYMENT. Further, it is understood that this a

Signature of Applicant

Date

This application will remain on file for two years only; it must be renewed if further consideration is desired. All applications are considered for all positions without regard to race, color, national origin, religion, sex, martial or verteran status,

AN EQUAL OPPORTUNITY EMPLOYER

SABINE PASS INDEPENDENT SCHOOL DISTRICT

ADDENDUM

The Sabine Pass Independent School District is required by state law to obtain criminal history record information on applicants beings considered for employment with the district (Texas Education Code Section 21.917). The information requested below is necessary to obtain criminal history reocrd information.

FULL NAME _____
(Print) Last First Middle

Social Security Number: _____ Date of Birth: _____

Sex: MALE _____ FEMALE _____ Ethnicity: Black _____ White _____ Other _____

Driver License No: _____ State Issued: _____

I understand 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

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company, L1Enrollment 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

Date

SABINE PASS ISD

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: <u>Applicant background check</u>	
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	