



## 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.)

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**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

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Signature of Applicant

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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,

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# 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

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: <u>Applicant background check</u>	
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	