

# 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:

## PROFESSIONAL APPLICATION

SOCIAL SECURITY NUMBER	DATE OF APPLICATION	DATE AVAILABLE
<b>NAME</b>		
LAST	FIRST	INITIAL
OTHER		
<b>PRESENT ADDRESS</b>		
Number	Street	HOME PHONE ( )
City	State	ZIP
BUSINESS PHONE ( )		
<b>PERMANENT ADDRESS</b>		
Number	Street	HOME PHONE ( )
City	State	ZIP
BUSINESS PHONE ( )		
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

**ELEMENTARY TEACHER**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-Kindergarten | <b>Teaching Field(s):</b><br>1 _____<br>2 _____<br>3 _____ |
| <input type="checkbox"/> Kindergarten     |  |
| <input type="checkbox"/> Diagnostician    |  |
| <input type="checkbox"/> Grades 1-5       |  |

- Special Education  
 Type(s): \_\_\_\_\_
- Administrator
- Counselor

**SECONDARY TEACHER**

- |  |  |
|--|--|
| <input type="checkbox"/> Grades 6-8          | <b>Teaching Field(s):</b><br>1 _____<br>2 _____<br>3 _____ |
| <input type="checkbox"/> Grades 9-12         |  |
| <input type="checkbox"/> Coach               |  |
| <input type="checkbox"/> Career & Technology |  |

- Librarian
- Nurse
- Other \_\_\_\_\_

## CERTIFICATION

**A. CERTIFICATION HELD:**

- Valid Texas  
 Expiration Date: \_\_\_\_\_  
 Will receive certification upon graduation

- Valid other state(s):  
 Expiration Date: \_\_\_\_\_  
 Degree, non-certified

**B. AREAS OF SPECIALIZATION:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Kindergarten    | <input type="checkbox"/> Librarian         | <input type="checkbox"/> Nurse          |
| <input type="checkbox"/> Elementary      | <input type="checkbox"/> Vocational        | <input type="checkbox"/> Mid-Management |
| <input type="checkbox"/> Secondary       | <input type="checkbox"/> Special Education | <input type="checkbox"/> Supervisor     |
| <input type="checkbox"/> All Level _____ | <input type="checkbox"/> Other             |   |
| <input type="checkbox"/> Counselor       | _____                                      |   |
| <input type="checkbox"/> Bilingual       | _____                                      |   |

◆ If not presently certified, have you previously held a one-year certification in Texas?  Yes  No

Explain: \_\_\_\_\_

◆ Have you previously taught in Texas on an emergency or special assignment teaching permit?  Yes  No

Explain: \_\_\_\_\_

*\*Recent graduate without teaching certification: Include a letter of certification status from the college certification office.*

## EDUCATION

HIGH SCHOOL \_\_\_\_\_ LOCATION \_\_\_\_\_

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

## STUDENT TEACHING

From Mo Yr	To Mo Yr	Grade/Subject/Campus	Cooperating Teachers	School District & Address

## TEACHING EXPERIENCE

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

From Mo Yr	To Mo Yr	# of Years	Name & Address of School	Principal	Grade/Subject

\*TOTAL CREDITABLE YEARS: \_\_\_\_\_(Full-time teaching in college, public school or accredited private school)

\* Must meet TEA requirements for salary purposes. Responsibility of individual to provide appropriate documentation

**AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT OUTSIDE OF EDUCATION**

From Mo Yr	To Mo Yr	# of Years	Type of Work	Company	Address

Have you ever failed to be re-elected to or been discharged from a teaching position?  Yes  No  
 If "Yes," where, when, and why? \_\_\_\_\_  
 (If more space is needed, attach additional sheet.)

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, midsdemeanor, 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 adjudication?  Yes  No  
 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.)

Briefly state your educational philosophy and your reasons for seeking employment in the Sabine Pass ISD. (If more space is needed, attach a separate sheet.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HUMAN RESOURCES OFFICE USE ONLY:

Do you have a relative who is either a member of the Sabine Pass ISD Board of Trustees or who is employed in any capacity in the Sabine Pass Independent School District?  Yes  No

If "Yes," please give the following information:

Name of Relative	Relationship	Position Held

**REFERENCES**

**PROFESSIONAL:** List names of four references capable of giving information about your teaching and preparation for teaching. List at least one administrator from each of your last two teaching positions.

Full Name of Reference	Position and School District	Complete Address	Phone Number

**PERSONAL:** Give two references listing persons who have known you for a period of years. These may include your former teachers, principals, former employers, long-time family friends, home community civic leaders, clergymen, and others.\*

Full Name of Reference	Position	Complete Address	Phone Number

*\* If you are a recent graduate and have established a placement file, please have it sent to our Office of Human Resources.*

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 application becomes the property of the Sabine Pass Independent School District, which reserves the right to accept or reject it. References and other information which become a part of this record are to be regarded as confidential and shall not be revealed to me.

\_\_\_\_\_  
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, medical condition, or disability or any other leagally-protected reason.

**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

<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>	