

SABINE INDEPENDENT SCHOOL DISTRICT
5424 FM 1252 W • Gladewater, TX 75647
(903) 984-8564

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

****** BUS DRIVER ******

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.
An Equal Opportunity Employer

Personal Data	Date of application _____ Social Security number _____			
	Name _____			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
	Current Address _____			
	<i>Street/Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Position Data	Other address where you may be reached _____			
	Work Phone _____		Home Phone _____	
	Other name that may appear on records _____			
	<i>(Used only for reference checks)</i>			
	List the position(s) you are applying for _____			
Education/Training	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Substitute <input type="checkbox"/> Both			
	Date you can begin work _____			
	Have you been employed by Sabine ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you answered yes, provide dates of employment _____			
	Check the highest level of education attained:			
<input type="checkbox"/> Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than two years of college <input type="checkbox"/> Two or more years of college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Other training or education _____ Licenses and certificates held: _____ _____ _____				
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year Graduated <i>(College only)</i>

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Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach resume' if available.

Work Experience

Employer and location	Position/title	Dates employed	Reason for leaving

Special Skills

List specific skills and any machines or equipment you can operate. Include typing speed and number of years experience.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

General Information

Do you have a relative who serves on the Sabine ISD Board of Education?
 Yes No If yes, please provide the relative's name and relationship: _____

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or 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.)

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References	Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.				
	Full name of reference	School District/ Firm Name	Mailing Address	Position/title	Area code, Phone Number

Verification	<p>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.</p> <p>I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.</p>
	<div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Signature</p> </div> <div style="text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Date</p> </div> </div> <p>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 24 months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS

Each person who applies to be a bus driver must provide the following information at the time of application.
Note: Bus drivers must pass a physical examination and a drug test.

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Personal Data

Name _____ Phone Number _____

Hours available for work _____ Driver's license number _____ Type _____

Do you have a Texas School Bus Driver Training Certificate? Yes No

Have you ever had a driver's license suspended, revoked, or cancelled? Yes No

If you answered yes, explain _____

Are there any criminal charges or proceedings pending against you? Yes No

If you answered yes, explain _____

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any traffic violation? Yes No

If yes, state where, when, and the nature of the offense _____

In the past two years, have you failed an employer's alcohol or drug test? Yes No

If you answered yes, explain _____

ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS

Personal Data

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Kind of work	Dates employed	Reason for leaving

Verification

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I 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 that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code §22.084 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used; previous employers to be contacted for investigative purposes, and release all parties from any liability for damage that may result from furnishing information to you.

Signature

Date

DPS Computerized Criminal History (CCH) Verification Sabine ISD

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)

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.

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 of \$9.95 to the fingerprinting services company, L1 Enrollment 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 or Employee

____/____/____ DATE OF BIRTH

____/____/____ Date

SABINE 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: _____	
Hired _____ Not Hired _____	_____ Initial
Date Printed: _____ / _____ / _____	_____ Initial
Destroyed Date: _____ / _____ / _____	_____ Initial
Retain in your files	