

# SANDS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

P. O. BOX 281  
ACKERLY, TEXAS 79713

Non-Certified

## AN EQUAL OPPORTUNITY EMPLOYER

Date \_\_\_\_\_

Name \_\_\_\_\_  
*Last**First**Middle*

Address \_\_\_\_\_  
*Number**Street**City**State**Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**SPECIFIC POSITION(S) APPLIED FOR:**

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Secretarial/Clerical | <input type="checkbox"/> Educational Classroom Aide | <input type="checkbox"/> Cafeteria  |
| <input type="checkbox"/> Bus Driver           | <input type="checkbox"/> Custodial/Maintenance      | <input type="checkbox"/> Substitute |

Hours available for Work \_\_\_\_\_

Are you seeking employment for 10, 11, or 12 months?

- 10 months       11 months       12 months

Do you have transportation to the school?

- Yes       No

\*\*\*This application will remain on file for two years from the date of application only; It must be renewed if further consideration for a position is desired.

### EDUCATION

SCHOOL	NAME	LOCATION (CITY & STATE)	DATES ATTENDED	DIPLOMA OR DEGREE
Last High School Attended				
*Colleges or Universities				
Business or Trade				
Other				

\* If you did not receive a degree indicate the number of college hours attained: \_\_\_\_\_ hours. Please attach your college transcript with this application or submit it by email to [applications@sandscisd.net](mailto:applications@sandscisd.net).

# SANDS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## EXPERIENCE

List Experience — Use as many lines as necessary

FROM — TO	NUMBER OF YEARS	NAME AND ADDRESS OF EMPLOYMENT	IMMEDIATE SUPERVISOR	TYPE OF JOB

## REFERENCES

FULL NAME OF REFERENCE	POSITION	PHONE NUMBER

If you have a relative who works for this District or who serves as a member of the Board of Trustees, please give the name and address:

**MORAL TURPITUDE IS AN ACT OF BASENESS, VILENESS OR DEPRAVITY IN THE PRIVATE AND SOCIAL DUTIES WHICH A PERSON OWES ANOTHER MEMBER OF SOCIETY OR SOCIETY IN GENERAL AND WHICH IS CONTRARY TO THE ACCEPTED RULE OF RIGHT AND DUTY BETWEEN PERSONS, INCLUDING, BUT NOT LIMITED TO THEFT, ATTEMPTED THEFT, MURDER, RAPE, SWINDLING, AND INDECENCY WITH A MINOR.**

Have you ever been convicted of a felony or any offense involving moral turpitude?

Yes

No

If yes, please explain:

(CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. THE DISTRICT WILL CONSIDER THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, AND THE RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION FOR WHICH YOU ARE APPLYING.)

Why do you desire to leave your present position, or why did you leave your last position?

# SANDS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Have you ever been involuntarily terminated from another school district?

Yes

No

If yes, please give the name of the district, the date, and the reason(s) for the termination.

Are you aware of any reason(s) you would not be able to perform the duties of the position for which you are making application?

Yes

No

If yes, please explain:

## AGREEMENT

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION TO THE BEST OF MY KNOWLEDGE IS TRUE, ACCURATE, AND COMPLETE. ANY MISREPRESENTATION OR WILLFUL OMISSION OF FACTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. FURTHERMORE, IT IS UNDERSTOOD THAT THIS APPLICATION AND RECORDS BECOME THE PROPERTY OF THE DISTRICT WHICH RESERVE THE RIGHT TO ACCEPT OR REJECT IT. I FURTHER AGREE TO OBSERVE ALL RULES, REGULATIONS, AND POLICIES OF THE DISTRICT.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Applicant*

I HEREBY AUTHORIZE THE DISTRICT TO CONDUCT WORK HISTORY, PERSONAL REFERENCE OR POLICE RECORD INQUIRIES TO DETERMINE MY ACCEPTABILITY FOR EMPLOYMENT.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Applicant*

\*Please complete this application and submit it along with your résumé by email to **applications@sandscisd.net**.

Alternatively, mail it to **ATTN: Application Sands CISD, P.O. Box 281, Ackerly, TX 79713**, fax it to **432-353-4650**,

or complete the application electronically at **<https://sands.esc17.net/page/apply>**.



# SANDS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## 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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprint 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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$50.00 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*

\_\_\_\_\_  
*Date*

**Sands Consolidated Independent School District**  
*Agency Name*

\_\_\_\_\_  
*Agency Representative Name*

\_\_\_\_\_  
*Signature of Agency Representative*

\_\_\_\_\_  
*Date*

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES ____ NO ____	____ initial
Purpose of CCH: _____	
Hire ____ Not Hired ____	____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
Retain in your files	

*\* For Office use only*

# SANDS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## Criminal History Form

"Confidential"

The Sands Consolidated Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Name

*Last*

*First*

*Middle*

Social Security Number:

Date of birth:

Driver's License:

*State and Number*

Mailing Address:

*Street/Box*

*City*

*State*

*Zip Code*

Sex:

Male

Female

Ethnicity:

Black

White/Other

I understand that 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.\*

I understand

Signature

Date

\*This form will be removed from the application and filed separately in the HR office.