

# APPLICATION FOR EMPLOYMENT

STERLING CITY ISD  
PO BOX 786  
STERLING CITY, TX 76951

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
PO Box Number or Street City State Zip

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Any previous application at SCISD: \_\_\_\_\_ When: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL	LOCATION	GRADUATION DATE	

COLLEGE	LOCATION	GRADUATION DATE	YEARS ATTENDED

COLLEGE DEGREE IN WHAT FIELD OF STUDY	WHAT TYPE OF DEGREE

## EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	PHONE #	REASON FOR LEAVING

email address: \_\_\_\_\_

## REFERENCES

NAME/ BUSINESS	ADDRESS	PHONE #	YRS ACQUAINTED


In case of emergency, please notify: \_\_\_\_\_

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for, is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

Sterling City ISD does not discriminate on the basis of race, color, national origin, sex, or disability in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

Travis Grubbs, Superintendent  
travis.grubbs@sterlingcityisd.net  
Box 786  
Sterling City, TX 76951  
325-378-5821

Sterling City ISD no discrimina por motivos de raza, color, origen nacional, sexo, o discapacidad en sus programas o actividades y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. La siguiente persona ha sido designada para manejar consultas sobre las políticas de no discriminación:

Travis Grubbs, Superintendent  
travis.grubbs@sterlingcityisd.net  
Box 786  
Sterling City, TX 76951  
325-378-5821

INFORMATION FOR BACKGROUND CHECK

APPLICANT'S NAME \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

NICKNAME(S), PREVIOUS MARRIED NAME(S) OR ANY OTHER NAME(S) USED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX \_\_\_\_\_

RACE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COUNTY DISTRICT # 216-901

SCHOOL DISTRICT STERLING CITY ISD

**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.

APPLICANT or EMPLOYEE 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 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 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 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 \$24.95 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
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
<b>Retain in your files</b>	