

**STERLING CITY
INDEPENDENT
SCHOOL DISTRICT**

Superintendent's Office
P.O. Box 786
Sterling City, Texas 76951
Tel. (325) 378-4781
Fax (325) 378-2283

District Use Only

Reference Forms _____
Certificate _____

Date Interviewed _____
Interviewed by _____

GENERAL INFORMATION

1. When will you be available? Month _____ Year _____
2. Are you currently under contract? _____
Expiration date of contract? _____
3. Have you filed an application with us before? ___ Yes ___ No When? _____
4. Are you or your spouse related to any member of the Board of Trustees or the spouse of any board member of the Sterling City Independent School District? _____
If so, explain your relationship. _____
5. Are you a citizen of the United States? ___ Yes ___ No

If answer is no, have you filed a Declaration of Intent? ___ Yes ___ No

If a Declaration was filed, please list filing date and number. _____
6. Why would you like to teach in the Sterling City Independent School District?

7. What language, other than English, do you speak fluently? _____
8. Do you have plans for additional training in the field of education? ___ Yes ___ No
If "yes", what are your plans? _____

9. Have you ever been asked to resign or failed to be re-elected to a teaching position?
___ Yes ___ No
If "yes", please explain. _____

10. Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No
If "yes", please explain. _____

11. Have you ever been placed on probation or deferred adjudication? ___ Yes ___ No
If "yes", please explain. _____

12. Have you ever received Workmen's Compensation Benefits? ___ Yes ___ No

TEACHER CERTIFICATE INFORMATION

Certificate: State Issuing Certificate _____ Certificate Number _____

Date Issued _____ Date Expires _____

Teaching Fields and Endorsements listed on Certificate _____

If you do not have a teaching certificate, when do you expect to receive it? _____

Have you ever taught on a permit? _____ If so, which school district? _____

When? _____ Were the deficiencies removed? _____

One of the contingencies for employment in this school district is holding a valid Texas teaching certificate. Out-of-state certificates must be valid for conversion to a Texas Certificate. It is your responsibility to inform the Personnel Office of a certification deficiency and of the arrangements to remove the deficiency. Termination of your employment with this school district could result from failure to remove a deficiency from your certificate.

APPLICANT'S AFFIRMATION

I hereby authorize the Sterling City Independent School District to investigate all statements contained in this application. I affirm that all the information contained in this application is true and complete and that any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal from, or refusal of, employment. I understand that my previous employers may be asked for information relative to my employment record with them. I hereby authorize the Sterling City Independent School District to request from my employer's information relative to my prior employment and I hereby authorize my previous employers to release the same. Furthermore, if elected, I agree to acquaint myself with school board policies and comply with said policies.

Signature

Date

DISTRICT'S STATEMENT

The Sterling City Independent School District is an equal opportunity employer and selects personnel solely on the basis of merit and suitability to the position. Selection is determined by the presentation of evidence of experience and training, the submission of written professional references and personal interviews. All personnel at the Sterling City Independent School District shall be employed without regard to race, national origin, sex, age, handicap, religion or creed.

All personnel employed by Sterling City Independent School District will become eligible for a voluntary transfer upon completion of the second year in the district. However, it is important to note that all employees are subject to reassignment at any time according to the needs of the school district.

APPLICANT'S STATEMENT

In the space provided below, please comment on some of today's problems in public education as they apply to your teaching field along with any possible solution you might offer.

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.

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

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