

Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number
Education/Training	List the highest level of education attained: _____				
	Licenses and certificates granted _____				

	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>	

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of West Sabine ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
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 required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature _____ Date</p> <p>This application becomes the property of the district.</p>

**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

The district Title IX Coordinator is Mike Pate
101 Timberland
P.O. Box 869
Pineland, Texas 75968
409-584-2655



WEST SABINE ISD
EMPLOYMENT APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

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 drug test.

An Equal Opportunity Employer

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, pled 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 _____

WEST SABINE ISD
EMPLOYMENT APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

Driving Experience

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 §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used; authorize 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

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The West Sabine 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.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

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 also understand before I can perform any duties of a job for WSISD, I must be fingerprinted at a "L1 Office" located in Lufkin or Nacogdoches and it is my responsibility to pay for any fees that I may incur during this process.

Signature

Date

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