



SOUTHLAND INDEPENDENT SCHOOL DISTRICT

190 EIGHTH STREET SOUTHLAND, TEXAS 79364

PHONE: 806-996-5339 FAX: 806-496-2745

WWW.SOUTHLANDISD.NET

SUBSTITUTE TEACHERS ENROLLMENT FORM

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

By filling out the information below, you are agreeing to being a substitute on an as needed basis and also agree to all rules, regulations and policies of Southland ISD.

Name: _____ DOB: _____

Address: _____ Phone: _____

City: _____ Email: _____

SS#: _____ - _____ - _____

Please check all interested areas:

Teacher Aide Cafeteria Worker Custodian

1. Are you available for a regular full time teaching position? _____

2. Specify which grades you are interested in? _____ (Indicate no preference with “”)

3. Indicate the days you are available:

Monday Tuesday Wednesday Thursday Friday

4. Are you presently employed by another district as a substitute teacher?

Yes No

If Yes, please list school district

School District _____

School District _____

Signature

Date

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The Southland 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

Email Address _____

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.

Signature

Date

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



DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

SOUTHLAND ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Rev. 09/2015

Signature of Agency Representative