

PROFESSIONAL REFERENCE:

<u>Full Name of Reference</u>	<u>Position</u>	<u>Address</u>	<u>Telephone Number</u>

TUTORING AVAILABILITY:

Please circle the day(s) of the week you are available.

Monday Tuesday Wednesday Thursday Friday

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR ONLY; IT MUST BE RENEWED IF FURTHER CONSIDERATION IS DESIRED.

I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of the Sherman Independent School District to contact the references listed on this application for employment from any pertinent source in accordance with the provisions of the Texas Education Code Section 21.917, and I further authorize any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety as well as the Texas Department of Correction to furnish Sherman Independent School District any such record.

Date

Signature of Applicant

Return to: Executive Director of Human Resources
Sherman ISD
P.O. Box 1176
Sherman, TX 75091

OFFICE USE ONLY: CRIMINAL RECORD CHECK _____

2. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense? YES NO
 If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
 If YES, please provide an explanation below:

4. Have you ever been convicted of any criminal offence in a country outside the jurisdiction of the United States? YES NO
 If YES, please provide an explanation below:

PLEASE LIST ALL COUNTIES AND STATES OF RESIDENCE FOR THE PAST 5 YEARS. YOU MUST BE **SPECIFIC** ABOUT THE DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, ANY AND ALL OFFERS FOR EMPLOYMENT CAN BE TERMINATED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, year _____

APPLICANT (Print Name) _____

APPLICANT SIGNATURE _____