

SANTA FE INDEPENDENT SCHOOL DISTRICT



P.O. BOX 370
SANTA FE, TEXAS 77510-0370

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Patti Hanssard
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"Your Employer of Choice in Education"

**Santa Fe Independent School District
Confidentiality Statement**

I _____ understand that in the course and scope of my employment, I may obtain propriety information and/or information that is otherwise confidential. The information may be confidential by state or federal law (e.g. FERPA, HIPPA) and/or District Policy. I agree not to disclose such confidential information except as may be allowed and/or required by law or District policy. I further agree to exercise due diligence to safeguard against the negligent disclosure of such confidential information by putting procedures in place to ensure that it is not left unattended or unsecured in a paper or digital format. I agree that if I have questions about whether certain information is confidential, I will ask my supervisor for clarification before disclosing. I further agree that if I become aware of the improper disclosure of confidential information – whether intentional or not – I will promptly notify my supervisor or the Assistant Superintendent for Human Resources.

Signature

Date

CONFIDENTIAL EMPLOYEE EMERGENCY CARE INFORMATION

Santa Fe Independent School District

Scholastic Year: 2021-2022

Please print all information clearly

EMPLOYEE

Mr.
Mrs.
Miss: _____

(Circle One) Last Name First Middle
Former Name if Changed Since Employment: _____

Mailing Address: Number Street City Zip Code Home Phone

Date of Birth: MM/DD/YYYY Present Position: Job Site

Cell Phone

MEDICAL INFORMATION

Special instructions/comments on unique health conditions: _____

I am allergic to the following medications: _____

List medications you are taking: _____

EMERGENCY PROCEDURE INSTRUCTIONS

In case of emergency, list person/persons to contact.

Primary Contact

Spouse Name: Phone: _____

Employer: Phone: _____

Work Address: Phone: _____

1st Contact other person: Relationship
Address: Phone: _____

Employer Address: Phone: _____

2nd Contact other person: Relationship
Address: Phone: _____

Employer Address: Phone: _____

3rd Contact other person: Relationship
Address: Phone: _____

Employer Address: Phone: _____

TO BE KEPT IN THE PRINCIPAL'S OR DIRECTOR'S OFFICE

REGISTRATION FORM FOR PRIVATE MUSIC LESSON INSTRUCTOR

Santa Fe Independent School District
13304 Hwy. 6
Santa Fe, Texas 77510

PERSONAL INFORMATION

Date of application: _____

Name _____
Last First MI Social Security No.

Address: _____
Street or P.O. Box City State Zip Code

Home Telephone No: (____) _____ Alternate No: _____

Email Address: _____

EDUCATION

HIGH SCHOOL ATTENDED _____ LOCATION _____

COLLEGE/OTHER _____ MAJOR _____ MINOR _____ TYPE DEGREE _____ YEAR EARNED _____

Student Level: _____ Intermediate _____ High School

_____ Instrumental Music

_____ Vocal Music

List instruments below:

CAMPUS (ES) /DIRECTORS WHERE YOU WILL BE WORKING

FROM MONTH/YEAR	TO MONTH/YEAR	CAMPUS	DIRECTOR	DAYS/TIME

Would you like to work at campuses other than the ones listed above? _____yes _____no

REFERENCES

Name	Position	Complete Mailing Address	Phone Number

Senate Bill 9 directs school district to obtain state and national criminal history background searches on their employees or other individuals that will have direct contact with students, and to receive those results through the DPS criminal history clearinghouse (Fingerprint-based Applicant clearinghouse of Texas –FACT).

Have you ever pled guilty or nolo contendere (no contest) to, or been convicted of a felony or misdemeanor involving moral turpitude, regardless of disposition (i.e., an actual sentence, a suspended sentence, deferred adjudication, probation, tec.)? (Moral turpitude is anything done knowingly contrary to justice, honesty, principle, or good morals.)

_____yes _____No

List relatives employed by SFISD: _____

Are you related to a present member of the Santa Fe Board of Trustees? _____Yes _____No

If yes, _____

Name

Relationship

I authorize and request each employer, form, person, or corporation listed herein or on my resume to answer all questions that may be asked and give all information that may be sought in connection with this registration or concerning me or my work habits, skill, or action on any transaction. I agree that all such information will be held confidential by the District and I waive the right to inspect or review it.

I certify that all statements made in this application are true and that the failure to include pertinent information or to falsify information requested in this registration shall forfeit my right to teach private music lessons. Furthermore, it is understood that this registration form and other records become the property of the Santa Fe Independent School district, which reserves the right to accept or reject it.

The Santa Fe ISD does not discriminate against any contracted employee or applicant because of race, religion, color, gender, age, national origin, or disability.

Signature of Applicant

Date

SENATE BILL 9 FINGERPRINTING

PAYMENT RESPONSIBILITIES

The Santa Fe independent School District is authorized and required by Senate Bill 9 referred to as the "Fingerprinting Bill" to obtain criminal history record information through fingerprinting on all applicants being considered for employment (Texas Education Code 22.0833 and 22.085). The criminal history record information will be added to the Fingerprint-based Applicant Clearinghouse of Texas (FACT).

THE FINGERPRINTING FEE FOR EACH APPLICANT IS \$50.20 (cash or money order only).

Once you have been recommended for employment, you will be notified through HR to schedule an appointment for fingerprinting. The fingerprinting fee will be collected by the HR Department which is located in the Administration Building at 13331 Hwy 6, Santa Fe, TX. The HR Department will schedule the fingerprinting appointment once you have satisfied the fee of \$50.20. Employment is contingent on completion of the fingerprint requirement. Once the fingerprinting reports are received, you will be notified of your start date.

SANTA FE INDEPENDENT SCHOOL DISTRICT

Criminal History Record Information Addendum

For Non-Certified Applicants Only

**** CONFIDENTIAL ****

The Santa Fe Independent School District is authorized and required by Senate Bill 9 referred to as the "Fingerprinting Bill" to obtain criminal history record information through fingerprinting on all applicants being considered for employment or individual instruction (Texas Education Code 22.0833 and 22.085). The information requested below is necessary to obtain criminal history record information and will be added to the Fingerprint-based Applicant Clearinghouse of Texas (FACT).

PLEASE PRINT.

POSITION(S) APPLYING FOR _____

NAME _____
Last First Middle (optional)

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE _____
State Number Type

ADDRESS _____
Street City State Zip Country

PHONE NUMBER _____
Home Cell (optional) E-mail (optional)

DATE OF BIRTH _____ **ETHNICITY** _____
Month Day Year Black White Hispanic American Indian
Asian or Pacific Islander Unknown / 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

Have you previously worked for a School District in Texas? YES NO
If Yes - Have you been fingerprinted through a School District? YES NO
If Yes - What is the name of the District? _____

OFFICE USE ONLY	FINGERPRINTING APPOINTMENT	OFFICE USE ONLY
TO SCHEDULE APPOINTMENTS GO TO http://tx.ibtfingerprint.com/ or call 1-888-467-2080		
APPLICANT IS: _____ CLEARED _____ NOT EMPLOYABLE _____ DISTRICT WITHDREW EMPLOYMENT OFFER _____ APPLICANT REFUSED OFFER		

PRIVATE MUSIC INSTRUCTOR

**SANTA FE INDEPENDENT
SCHOOL DISTRICT**

Signature

Requested By

Printed Name and Title

Printed Name and Title

Date

Mailing Address

Signature of Principal/Director

Printed Name and Title

Date

Is this person an employee of the district?

Signature of HR Representative

____ Yes ____ No

Date

If yes, which campus or department?

Signature of CFO

Date

This form must be accompanied by a completed W-9. The originals will stay in the business Department and a copy will be returned to the requestor.