



# Application for Administrative Personnel Sonora Independent School District

**Sonora I.S.D.**  
807 South Concho  
Sonora, TX 76950  
(325) 387-6940

*An Equal Opportunity Employer*

## Personal Data

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

*Last*

*First*

*Middle*

Current Address: \_\_\_\_\_

*Street/PO Box*

*City*

*State*

*Zip Code*

Other Addresses where you may be reached: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Other name that may appear on records: \_\_\_\_\_  
*(Used only for reference checks)*

Email Address: \_\_\_\_\_

## Position Data

List the position(s) for which you are applying: \_\_\_\_\_

Credentials included with the application:

Resume

All teaching and professional certificates or licenses

All transcripts showing degrees

Date you can begin work: \_\_\_\_\_

Have you ever been employed by Sonora I.S.D. in the past?    Yes    No

If you answered yes, provide dates of employment \_\_\_\_\_

## Education/Training

Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Held	Year Graduated

## Certification

Certificate or License Currently Held:

- None
- Valid Texas
- Valid Other State Which? \_\_\_\_\_
- Texas Emergency
- Texas One-Year: Expires \_\_\_\_\_
- Texas Temporary Administrative: Expires \_\_\_\_\_

Area of Specialization:

- |                             |                                      |                               |
|-----------------------------|--------------------------------------|-------------------------------|
| Administrator               | Secondary (Jr./Sr. High)             | Vocational (specify)<br>_____ |
| Superintendent              | All-Level Art                        | Nurse                         |
| Principal                   | All-Level Health and PE              | Visiting Teacher              |
| Mid-Management              | All-Level Music                      | Supervisor                    |
| Elementary                  | Librarian                            | Other (specify)<br>_____      |
| Elementary and Kindergarten | Counselor                            |                               |
|                             | Special Education (specify)<br>_____ |                               |

## Teaching Experience

*List teaching experience beginning with most recent years.*

Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving

## Administrative Experience

*Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach a resume if available.*

School District/Employer	Position/Title	Dates Employed	Reason for Leaving

## Professional Data

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/Articles Published \_\_\_\_\_

Seminars/Workshops Conducted \_\_\_\_\_

Other Related Professional Activities \_\_\_\_\_

## General Information

Do you have a relative who serves on the Sonora I.S.D. Board of Education?

Yes No If yes, please provide the relative's name and relationship: \_\_\_\_\_

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 offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

\_\_\_ Yes

\_\_\_ No

If yes, please state where, when, and the nature of the offense \_\_\_\_\_

*(A felony conviction is not an automatic bar of employment. The district will consider the nature, date, and the relationship between the offense and the position for which you are applying.)*

## References

*Please list references to be contacted regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two jobs.*

Name	School District/ Firm Name	Mailing Address	Position or Title	Phone Number

## Verification

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.

I authorize the references listed on the previous page 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.

I understand that the district is authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.

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Signature

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Date

This application becomes property of the district. The district reserves the right to accept or reject it. **This application will remain active for one year from date of application.**

**It is the responsibility of the applicant to request in writing if he or she desires to have the application reactivated.**

*We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.*



# 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.

APPLICANT or EMPLOYEE NAME (Please print)

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

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