



Application for Support Staff Employment 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: _____

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: _____

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

Highest Level of Education Attained: _____

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

Licenses or Certificates Held: _____

Other training related to position: _____

Other Work Experience

Please provide a list of all other jobs or administrative positions you have held in the past 10 years.

Employer	Position/Title	Dates Employed	Reason for Leaving

Special Skills

List specific skills and/or machines and equipment you can operate. Include technology skills and years of experience.

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, or 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 we can contact 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.

Signature

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.



Addendum to Application
Criminal History Authorization

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The Sonora Independent School District may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to an applicant for employment with the district (Texas Education Code 22.083) and shall obtain criminal history records of school bus drivers from local and regional authorities (Texas Education Code 22.084).



I understand the information set forth below will be used by the district solely for the purpose of obtaining criminal history record information and will not be used in any manner related to determining eligibility for employment with the district.

Full Name: _____
Last First Middle

Current Address: _____
Address City State Zip Code

Daytime Phone Number: (____) ____-_____

Social Security #: ____-____-_____

Date of Birth: _____

Gender: Male Female

Ethnicity: Hispanic Black White/Other

Driver's License #: _____ State _____

Signature Date

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

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