

Application for Professional Employment Sonora Independent School District

Sonora I.S.D. 404 E. 1st Street Sonora, TX 76950 (325) 387-6940

An Equal Opportunity Employer

Personal Data				
Date of Application:				
Name:				
Current Address:		First	Middle	
			1-1-	Zip Code
Other Addresses where you		ž		_
Work Phone: ()				
Other name that may appear	r on records:			
Email Address:			erence checks)	
Position Data				
All transcripts showing Date you can begin work: _ Have you ever been employ If you answered yes, provide	ne application: essional certificates or lic g degrees ved by Sonora I.S.D. in the	enses ne past? Yes	No	
Education/Training				
Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree cate, or License		Year Graduated
Selloois / Molided	and major/minor	cate, of Licens	- 1101G	Craduled

Certification			
Texas Emergency Texas One-Year:	e Which?	es	
Area of Specialization Administrator Superintendent Principal Mid-Management Administrator Elementary Elementary and Kindergarten	Secondar All-Leve All-Leve All-Leve Librarian Counselo	l Art l Health and PE l Music	Vocational (specify) Nurse Visiting Teacher Supervisor Other (specify)
Teaching Experience			
List teaching experience be	ginning with most recent ye	ears.	
Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving
Other Work Experien	ce		
Please provide a list of all	other jobs or administrative	positions you have held in	the past 10
	eets if necessary. Attach a r		Decom for Looving
School District/Employer	Position/Title	Dates Employed	Reason for Leaving

Professional Data				
race, age, ethnic or	professional activit rigin, or religion. blished			
Seminars/Worksho	ops Conducted			
Other Related Prof	fessional Activities _			
General Informat	tion			
•	ative who serves on t es, please provide th			
probation, suspens (including, but not Yes No If yes, please state	on convicted of, pled ion, or deferred adjuding limited to, theft, rapped where, when, and the solution of an automatic bar of employed position for which you are	udication for a felon pe, murder, swindling the nature of the offe	y or offense involving, and indecency vense	ving moral turpitude with a minor)?
References				
Please list references	to be contacted regard ervised your performa			s and supervisors
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.

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.

Date

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

Signature

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.



Addendum to Application Criminal History Authorization

Sonora I.S.D. 404 E. 1st Street Sonora, TX 76950 (325) 387-6940

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).

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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,, hav APPLICANT or EMPLOYEE NAME (Please Print)	e been notified that a Computerized Criminal	
APPLICANT or EMPLOYEE NAME (Please Print) History (CCH) check may be performed by acc Secure Website and may be based on <u>name and D</u> serves as information for the applicant.) Authorizinial history data may be found in Texas Gove	essing the Texas Department of Public Safety OB identifiers. (This is not a consent form, but crity for this agency to access an individual's	t
Name-based information is not an exact search true identification to criminal history record in conducting the criminal history check is not all using the <u>name and DOB</u> method. The agency method to clear any misidentification based on	formation (CHRI), therefore the organization owed to discuss with me <u>any</u> CHRI obtained hay request that I also have a fingerprint search	1 1
In order to complete the fingerprint process I m Applicant Services of Texas (FAST) as instru <i>Records/Review of Personal Criminal History</i> or 467-2080, submit a full and complete set of fing	by calling the DPS Program Vendor at 1-888-perprints, request a copy be sent to the agency	-
listed below, and pay a fee of \$25,00 to the finger		
Once this process is completed the information of discussed with me.	my fingerprint criminal history record may be	;
Once this process is completed the information or		•
Once this process is completed the information or discussed with me.		<u>,</u>
Once this process is completed the information of discussed with me. (This copy must remain on file by your against a signature of Applicant or Employee	ency. Required for future DPS Audits) FOR OFFICE USE ONLY Please: Check and Initial each Applicable Space	•
Once this process is completed the information or discussed with me. (This copy must remain on file by your ag	FOR OFFICE USE ONLY Please: Check and Initial each Applicable Space CCH Report Printed:	
Once this process is completed the information of discussed with me. (This copy must remain on file by your age) Signature of Applicant or Employee / / Date Sonora Independent School District Agency Name (Please Print)	Purpose of CCH: Substitute Support	
Once this process is completed the information of discussed with me. (This copy must remain on file by your against a signature of Applicant or Employee /	FOR OFFICE USE ONLY Please: Check and Initial each Applicable Space CCH Report Printed: YESNOInitial Purpose of CCH:Substitute	
Once this process is completed the information of discussed with me. (This copy must remain on file by your ago	Please: Check and Initial each Applicable Space CCH Report Printed: YESNOInitial Purpose of CCH:SubstituteService & SupportProfessional	
Once this process is completed the information of discussed with me. (This copy must remain on file by your ago	Purpose of CCH: Substitute Service & Support Professional Other:	

Rev. 09/2015

Retain in your files

Date

Pre-Employment Affidavit for Applicant Offered Employment

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:

Adjudication and **conviction** refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:
I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be false . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be true . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
l declare under penalty of perjury that the foregoing is true and correct.
(Signature of Declarant) (Date)
Name (First, Middle, Last)
Address (Street, City, State, Zip Code)
State of Texas County of
Before me, a notary public, on this day personally appeared, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.
Personalized Seal)
Notary Public's Signature