



Application for Support Staff 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: _____

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, Certifi- cate, 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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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).



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
APPLICANT or EMPLOYEE NAME (Please Print)
History (CCH) check may be performed by accessing the Texas Department of Public Safety
Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but
serves as information for the applicant.) Authority for this agency to access an individual's
criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent
true identification to criminal history record information (CHRI), therefore the organization
conducting the criminal history check is not allowed to discuss with me any CHRI obtained
using the name and DOB method. The agency may request that I also have a fingerprint search
performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint
Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime
Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-
467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency
listed below, and pay a fee of \$25,00 to the fingerprinting services company.

Once this process is completed 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

Sonora Independent School District

Agency Name (Please Print)

Kimberly Gonzales

Agency Representative Name (Please Print)

Signature of Agency Representative

_____/_____/_____
Date

FOR OFFICE USE ONLY

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES___ NO___ Initial

Purpose of CCH: ___ Substitute
 ___ Service & Support
 ___ Professional

Other: _____

Empl___ Vol/Contractor___ Initial

Date Printed: _____ Initial

Destroyed Date: _____ Initial

Retain in your files

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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 contendere*), 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: _____.

I 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