



# Application for Professional 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: \_\_\_\_\_

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

Superintendent

Principal

Mid-Management

Administrator

Elementary

Elementary and

Kindergarten

Secondary (Jr./Sr. High)

All-Level Art

All-Level Health and PE

All-Level Music

Librarian

Counselor

Special Education (specify)

\_\_\_\_\_

Vocational (specify)

\_\_\_\_\_

Nurse

Visiting Teacher

Supervisor

Other (specify)

\_\_\_\_\_

## Teaching Experience

*List teaching experience beginning with most recent years.*

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

## Other Work 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  
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/ReviewofPersonalCriminalHistory) 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**

**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