

## Application for Support Staff Employment Sonora Independent School District

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

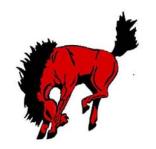
An Equal Opportunity Employer

Personal Data				
Date of Application:				
Name:				
Last		First	Middle	
Current Address:				
Street/I		City	State	Zip Code
Other Addresses where you	ı may be reached: _			
Work Phone: ()		Home Phone	:()	
Other name that may appear	ar on records:			
Email Address:			d only for reference checks)	
Position Data				
List the position(s) for which	ch you are applying	;•		
Date you can begin work: _				
Have you ever been employ			Yes No	
-	•	-		
If you answered yes, provi	de dates of employ	ment		
Education/Training				
Highest Level of Education	Attained:			
Name and Location of Schools Attended	Course of Study and Major/Mino	·	oma, Degree, Certifi- e, or License Held	Year Graduated

Licenses or Certificates Held:				
Other training related to position:				
Other Work Experies	1Ce			
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	
Cresial Chille				
Special Skills				
-		nent you can operate. Inc	lude technology	
skills and years of expe	erience.			
<b>General Information</b>				
Do you have a relative	who serves on the Sono	ora I.S.D. Board of Educa	ation?	
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)?				
(including, but not film	ica io, men, rape, mara	er, swinding, or indecen	cy with a minor):	
Yes				
No				
If yes, please state whe	re, when, and the nature	e of the offense		
(A felony conviction is not an a	utomatic bar of employment. Th	e district will consider the nature,	date, and the relationship	
	sition for which you are applying	· · · · · · · · · · · · · · · · · · ·	•	

who evaluated or su Name	School District/	Mailing	Position or	Phone Number
Name	Firm Name	Address	Title	Phone Number
hereby affirm th of my knowledge	at all information pro and understand that	any deliberate falsi	fications, misrepres	sentations, or
of my knowledge omissions of fact subsequent employ authorize the ref concerning my pr otherwise, and rel furnishing the sar	and understand that may be grounds for a syment.  Gerences listed on the evious employment alease all such parties	any deliberate falsi rejection of my app previous page to g and any pertinent in from liability for an	fications, misrepressive you any and all aformation they may ny damage that may ation Code 22.083 to	sentations, or l from information y have, personal of result from

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

Sonora I.S.D. 807 South Concho 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).

<b>* * * * * * * * * * * * *</b>
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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 Num	ıber: ()		
Social Security #: _	<del>-</del>	_	
Date of Birth:		_	
Gender: Male	Female		
Ethnicity: Hispanic	Black White/O	ther	
Driver's License #:		State	
S	ignature	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) verification check will be performed	by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DO	B identifiers I supply.

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 <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> 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	Applican	t or Empl	loyee	27.9
			701	
		_		+/**
Date				
Agency Nar	ne (Pleas	se print)		
Agency Rep	resentativ	e Name	(Please	e print)
Signature of	Agency I	Represent	ative	
Date		_		

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES NO in	itial	
Purpose of CCH:		
Hire Not Hired in	itial	
Date Printed: in	itial	
Destroyed Date: in	itial	
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 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 relationship with a minor.	d of having an inappropriate
I have been charged with, adjudicated for, or convicted of ha relationship with a minor. The charge, adjudication, or convicted of ha false. The following are all of the relevant facts pertaining to conviction:	ction was determined to be the charge, adjudication, or
I have been charged with, adjudicated for, or convicted of ha relationship with a minor. The charge, adjudication, or convitate. The following are all of the relevant facts pertaining to conviction:	ction was determined to be the charge, adjudication, or
declare under penalty of perjury that the foregoing is true and corr	ect.
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 person whose name is subscribed to the foregoing document and, be declared that the statements therein contained are true and correct.	
Personalized Seal)	
	Notary Public's Signature