

**Laredo Independent School District  
Statement of Qualifications (SOQ)  
Secondary Career and Technical Certification**



**Authority for Data Collection:**

19 TAC Chapter 233.14 - Approval of career and technical education teachers based on prior experience and preparation in a skill area.

**Planned Use of the Data:**

Evaluate candidates for qualifications for Trade and Industrial Education, Health Science, Marketing or other under the District of Innovation Certification exemption.

**Instructions:**

1. Print or type all sections of SOQ.
2. Persons seeking employment in one of the above listed areas should complete this form.
3. Complete all information for the area you are seeking.
4. The original will be submitted to Laredo ISD - Human Resources. A second and third copy will be maintained by the school district and educator. The district must maintain a legible copy for audit purposes.

Last Name		First Name		Initial
Address		City	State	Zip Code
Email		Phone Number	Date of Birth	

**Section A - Title of specific subject areas for which you wish to qualify**

☐ Marketing ☐ Health Science ☐ Trade and Industrial Education ☐ Other \_\_\_\_\_  
(experience must have been within the past 10 years)

List specific work approval area(s) for which this SOQ is being submitted (Examples: Automotive Technician, Cosmetology, Law Enforcement or Nurse, etc.)

**Section B - Education; Applicants will be required to provide proof of diploma, degree, or transcripts.**

Indicate Highest Grade Completed: ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ College

Did you graduate from high school or receive a GED? If applicable, submit a copy of test scores for general educational development test and certificate of high school equivalency ☐ Yes ☐ No

**Technical, Vocational or Business School**

Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/ Minor Fields of Study

Undergraduate Colleges or Universities							
Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/ Minor Fields of Study

Graduate Schools							
Name and Location of School	Dates From	Dates To	Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/ Minor Fields of Study

**Section C - License or Registration;** Trade and Industrial Education and Health Science Technology Education require current licensure, certification, or registration by a state or nationally recognized accrediting agency as a professional practitioner in one or more approved occupations for which instruction is offered.

License/Certification (R.N., Attorney, etc.)	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other Authority (City, State)	License Number

**Section D—Special Training/Skills Qualifications:**

List all related training or skills you possess and machines or equipment you can use. You may wish to describe in-service, company training courses, or apprenticeship programs that you have completed (*Attach additional page if necessary.*)

**Section E - Employment History**

**Instructions:** Starting with the present date, list in reverse order all trade and/or occupational experience acquired since leaving high school.

**Note:** Employment for less than 20 hours per week shall not be considered for purposes of establishing acceptable work experience. Twelve months of wage-earning experience consisting of at least 40 hours per week shall equal one year of full-time experience. Wage-earning experience consisting of less than 40, but at least 20, hours per week shall be calculated at a 50% rate in determining years of full-time experience. Wage-earning experience consisting of less than 20 hours per week shall not be considered acceptable in determining full-time experience. 19 TAC Chapter 233.14

**Employment History Related to the Assignment (attach additional sheets if necessary)**

Position Title		Employer		
Mailing Address		City	State	Zip Code
Employer's Phone Number		Immediate Supervisor Name and Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project			

**Trade or Skilled Work Personally Performed by You.**

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

Position Title		Employer		
Mailing Address		City	State	Zip Code
Employer's Phone Number		Immediate Supervisor Name and Title		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Summer	Average number of hours worked per week	Starting Date	Leaving Date
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temp/Project			

**Trade or Skilled Work Personally Performed by You.**

Be specific: List equipment operated, skilled work or services performed, and supervisory experience (number of employees supervised).

**References: Indicate below the names of three persons qualified to comment regarding your wage-earning experience.**

Name	Address	Phone Number	Occupation
Name	Address	Phone Number	Occupation
Name	Address	Phone Number	Occupation

*Applicant's Affidavit:*

- 1. The above information is, to the best of my knowledge, a true statement of facts concerning date of birth, education, teaching experience, and occupational experience.*
- 2. I understand any deficiency found in this Statement of Qualifications may disqualify me for consideration as a public school Career and Technical Education Teacher.*

Name	Applicant's Signature	Date
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**Section F - For Laredo ISD Office Use: To be completed by the Laredo ISD designated administrator.**

*"I have reviewed the experience and qualification represented herein and approve this applicant for employment in the following Career and Technical programs."*

☐ Marketing
 ☐ Health Science
 ☐ Trade and Industrial Education
 ☐ Other \_\_\_\_\_  
 (experience must have been within the past 10 years)

List specific work approval area(s) for which this SOQ is being submitted (Examples: Automotive Technician, Cosmetology, Law Enforcement or Nurse, etc.)

Total number of years work experience in the areas indicated above

	LISD Certification Officer
Print Name	Title
Signature	Date
	College Career and Military Readiness Director
Print Name	Title
Signature	Date