

**FALLS CITY INDEPENDENT SCHOOL DISTRICT  
SUBSTITUTE AND SUPPORT STAFF JOB APPLICATION**

PO Box 399 - 525 N. NELSON ST. FALLS CITY, TX 78113

PHONE NUMBER (830) 254-3551

FAX NUMBER (830) 254-3354

*An Equal Opportunity Employer\**

Date of application _____		Date of Birth _____		
<b>Personal Data</b>	Name _____			
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>	
	Current address _____			
	<i>Street/Box</i>	<i>City</i>	<i>State</i> <i>ZIP Code</i>	
	Other address where you may be reached _____			
Home phone _____		Cell phone _____	Other phone _____	
Other name that may appear on records _____				
<i>(Used for certification, reference, and criminal history record checks)</i>				
<b>Position Data</b>	List the position(s) for which you are applying _____			
	List specific skills and/or any machines or equipment you can operate.			
	1. _____	4. _____		
	2. _____	5. _____		
	3. _____	6. _____		
	Date you can begin work _____			
Have you been employed by Falls City ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide dates of employment _____				
<b>Education/Training</b>	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated



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 résumé if available.					
<b>Work Experience</b>	<b>Employer name and location</b>		<b>Employer name and location</b>		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	<b>Employer name and location</b>		<b>Employer name and location</b>		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
<b>References</b>	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

<b>General Information</b>	<p>Do you have a relative who serves on the Board of Education or is an employee of _____ ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>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 any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
<b>Verification</b>	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">_____</span> Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.</p>

*\*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

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I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl _____ Vol/ Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial

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