

**FALLS CITY INDEPENDENT SCHOOL DISTRICT**

OFFICE OF THE SUPERINTENDENT

P.O. BOX 399

FALLS CITY, TX 78113 -0399

(830) 254-3551, EXT. 113

Tylor Chaplin, Superintendent  
Patrick Jarzombek, Board PresidentChristy Blocker, HS. Principal  
Phillip Zwicke, Elem. Principal**PROFESSIONAL APPLICATION***An Equal Opportunity Employer*PLEASE TYPE OR PRINT  
ALL INFORMATION

<b>PERSONAL DATA</b>				
SOCIAL SECURITY No.		DATE OF BIRTH		DRIVER'S LICENSE No. APPLICATION DATE
LAST NAME ( ) -		FIRST NAME ( ) -		M.I. @ OTHER SURNAME(S) @
HOME PHONE		CELL PHONE		EMAIL ADDRESS1 EMAIL ADDRESS2
PERMANENT ADDRESS:		HOUSE NUMBER	P.O. BOX	STREET NAME
CITY	STATE	ZIP CODE		
ALTERNATE ADDRESS: ->		HOUSE NUMBER	P.O. BOX	STREET NAME
CITY	STATE	ZIP CODE	OTHER PHONE: ( ) -	
Have you ever been employed by Falls City ISD? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>POSITION(S) FOR WHICH YOU ARE SUBMITTING THIS APPLICATION</b>				
<input type="checkbox"/> TEACHER	<input type="checkbox"/> LIBRARIAN	<input type="checkbox"/> PRINCIPAL	<input type="checkbox"/> SUPERINTENDENT	
<input type="checkbox"/> COACH	<input type="checkbox"/> NURSE	<input type="checkbox"/> COUNSELOR	<input type="checkbox"/> TECH. DIRECTOR	
<input type="checkbox"/> OTHER	Please Specify:			
HIGHEST DEGREE EARNED			ARE YOU ON THE FCISD SUBSTITUTE LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> BACHELOR	<input type="checkbox"/> MASTERS	Total years of Creditable School Experience _____ SPECIFY		
<input type="checkbox"/> DOCTORATE	<input type="checkbox"/> NONE			
CERTIFICATE(S) HELD:				
<input type="checkbox"/> Provisional	<input type="checkbox"/> Texas Provisional	DATE AVAILABLE FOR EMPLOYMENT		
<input type="checkbox"/> Principal	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Immediately _____ School Year ____ - ____		
<input type="checkbox"/> Texas 1 Year	<input type="checkbox"/> OtherState	<input type="checkbox"/> None	Specific Date:	

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PROFESSIONAL EDUCATION EMPLOYMENT EXPERIENCE

( List all creditable experience starting with your most recent teaching/administration position. )

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Name of Immediate Supervisor:  
Email address of Immediate Supervisor:  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Employer:  
Mailing Address of Employer:  
Business Phone of Employer:  
Are you presently employed with this employer?

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Name of Immediate Supervisor:  
Email address of Immediate Supervisor:  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Employer:  
Mailing Address of Employer:  
Business Phone of Employer:

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Name of Immediate Supervisor:  
Email address of Immediate Supervisor:  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
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Business Phone of Employer:

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Name of Immediate Supervisor:  
Email address of Immediate Supervisor:  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Employer:  
Mailing Address of Employer:  
Business Phone of Employer:

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**SUPPORT MATERIAL REQUIRED**

In order to be considered for employment, the items below must be on file:

1. A copy of your college transcripts.
2. A copy of your valid teaching or administration certificate(s).
3. A copy of your educational service record.
4. A copy of your Texas Driver's License
5. The completed DPS Computerized Criminal History (CCH) Verification form.
6. Your most recent resume.

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Return to: Tylor Chaplin, Falls City ISD Superintendent,  
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## EDUCATIONAL BACKGROUND

(Begin with the most current)

FROM		TO		COLLEGE/UNIVERSITY	CITY/STATE	DEGREE OR HOURS EARNED
MONTH	YEAR	MONTH	YEAR			

## PROFESSIONAL REFERENCES

List names of four or more references (Superintendent, Principal, supervisors, and College Professors) capable of giving information about your teaching, professional work experience and professional preparation. List at least one administrator from each of your previous teaching/administration position. ( Begin with the most current)

FULL NAME OF REFERENCE	COMPLETE ADDRESS	POSITION HELD

If you are a first year teacher, please detail STUDENT TEACHING experience.

FROM		TO		Name and address of School	Cooperating Classroom Teacher	Grade/Subject
MONTH	YEAR	MONTH	YEAR			

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**ADDITIONAL REQUIRED INFORMATION**

Do you have a relative who serves on the Falls City ISD School Board?  YES  NO If yes, please provide the relative's name and relationship: \_\_\_\_\_

Have you ever been accused of a confirmed case by Child Protective Services or the Department of Family and Protective Services?  YES  NO If yes, please provide case worker contact information: \_\_\_\_\_

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/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 to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)

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 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 required by Texas Education Code to review criminal history of applicants.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application becomes the property of the district upon submission. The district reserves the right to accept or reject it.

*\*Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.*

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**FCISD Professional Application Performance Rating Form**

Please distribute this Performance Rating Form to at least three of the Professional References listed in the Professional Reference section of this application. Please remember this form must be sent directly to the Falls City ISD Superintendent by the listed reference via US Postal Service or email. The email address of the Superintendent is: [chaplint@fcisd.net](mailto:chaplint@fcisd.net). The mailing address is: Falls City ISD Superintendent's Office, P.O. Box 399, Falls City, Tx 78113-0399.

NAME OF APPLICANT: \_\_\_\_\_ SSN: \_\_\_\_\_

POSITION FOR WHICH APPLYING: \_\_\_\_\_

**“I have applied for employment with the Falls City Independent School District. I hereby authorize the party receiving this form to give full and complete information as may be requested by the Falls City Independent School District. I agree that the information will not become a part of my personnel file if I am employed by the district. I agree that the information will be disclosed directly to Falls City ISD and will be treated as confidential. I waive any right to see this information.”**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**Reference Information:**

1. How long have you known the applicant? From : \_\_\_\_\_ To: \_\_\_\_\_
2. Would you employ the applicant for the position they desire? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Do you feel a telephone conversation would be beneficial? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. In what context did you have the opportunity to form your opinions of this applicant?

CO-TEACHER  PRINCIPAL  UNIVERSITY SUPERVISOR  EMPLOYER  OTHER

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### Professional Performance Rating

Please use the following scale to rate this applicant.

**1- Superior 2- Commendable 3- Competent 4 Acceptable 5 Requires Improvement 6 Unacceptable**

A. To be completed by all applicants ( Please circle the appropriate rating for each indicator using the scale above.)		Specific Comments
<b>General Appearance</b>	<b>1 2 3 4 5 6</b>	
<b>Personal Qualities</b>	<b>1 2 3 4 5 6</b>	
<b>Performance of Duties</b>	<b>1 2 3 4 5 6</b>	
<b>Professional Attitude</b>	<b>1 2 3 4 5 6</b>	
<b>Decision Making Skills</b>	<b>1 2 3 4 5 6</b>	
<b>Support of District Policies and Procedures</b>	<b>1 2 3 4 5 6</b>	
<b>Planning and Organizational Skills</b>	<b>1 2 3 4 5 6</b>	
<b>Cooperation with Co-workers</b>	<b>1 2 3 4 5 6</b>	
<b>Relationships with Parents/Patrons</b>	<b>1 2 3 4 5 6</b>	
<b>General Estimate of this person's suitability for this position</b>	<b>1 2 3 4 5 6</b>	
<b>Enthusiasm for Teaching/ Administration in a rural public K-12 environment</b>	<b>1 2 3 4 5 6</b>	
<b>Fair and just attitude in dealing with students</b>	<b>1 2 3 4 5 6</b>	
<b>Fair and just attitude in supervising students and other adults</b>	<b>1 2 3 4 5 6</b>	
<b>Proactively provides for individual learning styles in a diverse classroom and workplace</b>	<b>1 2 3 4 5 6</b>	
<b>Effectively utilizes a variety of evaluation techniques to improve student /teacher performance</b>	<b>1 2 3 4 5 6</b>	
<b>Is an effective teacher/ administrator</b>	<b>1 2 3 4 5 6</b>	
<b>Command of subject matter</b>	<b>1 2 3 4 5 6</b>	
<b>Response to supervision</b>	<b>1 2 3 4 5 6</b>	

SIGNATURE OF REFERENCE:	PLACE OF EMPLOYMENT
TITLE	BUSINESS TELEPHONE ( ) -
MAILING ADDRESS	EMAIL ADDRESS
DATE:	

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