Return to: FALLS CITY ISD

P.O. Box 399, 525 North Nelson Street Falls City, Texas 78113-0399

Fax #: (830) 254-3354



EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

	Date of Application	Social Sec	curity Number	
ä	Name			
Data	Last Address	Firs	t	Middle Initial
Personal	Address			Zip Code
ers	Other address where you may be reach			
Ь	Work Phone			
	Name used on records if different from (to be used for reference checks)			
	Position for which you are applying _			
ta	Type of Employment: Full Time	Part Time	_ Summer Only	-
Data	Date available			
Position	Driver's License Number: Every transportation driver is subject to imme	ediate termination if he/she	becomes uninsurable due to t	raffic
	violations, irrespective of faults, during the course of employment. Check highest level attained. Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED GED Other training or education High School graduate Bachelors Degree Less than two years in college Masters Degree Licenses/certifications held			
	Schools Attended: List all applicable infor	mation.		<u> </u>
Fraining	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated
Education/Tra				
Educ				

Please provide a complete listing of other jobs or administrative positions you 10 years. Attach additional sheets, if necessary. Please attach a resume, if av						
	Employer/Address	Job/Position Title	Salary/Wages	Dates Employed	Reason for leaving	
	2 1					
ω						
Work Experience						
xper						
돗 E						
Wo						
v	List specific skills ar	nd/or any machines o	or equipment you ca	n operate.		
Special Skills	1		4			
cial						
Spe						
• List the town(s) that have been your legal residence for the past five (5) years, starting recent one first.				arting with the most		
	recent one first.					
General Information			_		and to what degree of	
orme	 proficiency? Do you have a relative who is either a member of the Falls City ISD Board of Trustees or who 					
l Infe	is employed in any ca	pacity in the Falls Cit	y ISD? □ Yes	s □ No If yes, pleas	e give the name of	
nera	relative, relationship,	_				
Ge	-	een convicted of a felo	•	-		
	probation or deferred offense:	· ·			nd the nature of the	
	offense:(Conviction of a felony is not an automatic bar to employment. The District will consider the na				sider the nature, date,	
	and relationship between the offense and the position for which you are applying.)					

	Please list below references who may be contacted regarding your work history.					
Employment References	Full Name of Reference	School District/ Firm Name	Mailing address	Position/Title	Area code/ phone number	
efere						
int R						
yme						
mplo						
Ē						
	Please make a stateme	l ent in your own handv	writing concerning yo	l ur reasons for desi	l ring a position	
	with the Falls City ISD.					
ıţ						
Personal Statement						
State						
nal						
ersc						
ъ.						
	I hereby affirm that all in	formation provided in thi	s application is true and a	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 above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.					
ation	I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants selected for employment. I understand that periodic submission to random drug testing may be a condition of employment.					
Verification	Furthermore, this application becomes the property of the district that reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.					
	Legal Signature of Applicant Date					
	Falls City Independent School District is an equal opportunity employer without regard to race, color, sex, age, religion, national origin, disability or limited English proficiency.					
			ordinator is Linda Bettin, S ., Falls City, Tx 78113-0399			

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

Ι,	, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)	_,
History (CCH) verification check will be perform	ed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and De	OB 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 Applicant or Employee	
Date	
FALLS City Z.S.D. 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 T NO T initial		
Purpose of CCH:		
Hire Not Hired I initial		
Date Printed: initial		
Destroyed Date: initial		
Retain in your files		