

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

Personal Data	Date of Application _____ Social Security Number _____			
	Name _____ <small style="display: flex; justify-content: space-around; width: 100%;">LastFirstMiddle Initial</small>			
	Address _____ <small style="display: flex; justify-content: space-around; width: 100%;">Street/BoxCityStateZip Code</small>			
	Other address where you may be reached _____			
	Work Phone _____		Home Phone _____	
	Name used on records if different from present name _____ <i>(to be used for reference checks)</i>			
Position Data	Position for which you are applying _____			
	Type of Employment: Full Time _____ Part Time _____ Summer Only _____			
	Date available _____			
Driver's License Number: _____ from State of _____ <i>Every transportation driver is subject to immediate termination if he/she becomes uninsurable due to traffic violations, irrespective of faults, during the course of employment.</i>				
Education/Training	Check highest level attained.			
	<input type="checkbox"/> Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> GED <input type="checkbox"/> Two or more years of college <input type="checkbox"/> Other training or education _____			
	<input type="checkbox"/> High School graduate <input type="checkbox"/> Bachelors Degree _____			
	<input type="checkbox"/> Less than two years in college <input type="checkbox"/> Masters Degree _____			
	<input type="checkbox"/> Licenses/certifications held _____			
Schools Attended: List all applicable information.				
	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated

Please provide a complete listing of other jobs or administrative positions you have held in the past 10 years. Attach additional sheets, if necessary. Please attach a resume, if available.

Work Experience

Employer/Address	Job/Position Title	Salary/Wages	Dates Employed	Reason for leaving

Special Skills

List specific skills and/or any machines or equipment you can operate.

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

General Information

- List the town(s) that have been your legal residence for the past five (5) years, starting with the most recent one first. _____

 - Do you speak any language other than English? _____ If so, what language and to what degree of proficiency? _____
 - Do you have a relative who is either a member of the Falls City ISD Board of Trustees or who is employed in any capacity in the Falls City ISD? Yes No If yes, please give the name of relative, relationship, and position held: _____
 - Have you ever been convicted of a felony or offense involving moral turpitude and/or received probation or deferred adjudication? Yes No If yes, please state where, when and the nature of the offense: _____
- (Conviction of a felony 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.)

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

I, _____, have been notified that a Computerized Criminal History (CCH) verification 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.
APPLICANT or EMPLOYEE NAME (Please print)

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 any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 I.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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	