

**Falls City Independent School District
Application Packet for Superintendent of Schools**

Thank you for your interest in the Superintendent of Schools position in FCISD.
Please submit a complete packet with the following information:

Letter of Interest
Completed FCISD Application
Copy of Certifications
Copy of Transcripts
Three Letters of Reference

Application Deadline February 1, 2016.

Submit to:
Gary Patterson, Interim Superintendent
FCISD
PO Box 399, 525 N. Nelson ST.
Falls City, TX 78113

For additional information and questions, please contact Gary Patterson at pattersongaryh@gmail.com or Lauren Arenas at arenasl@fcisd.net
Phone 830-254-3551

Proposed Timeline:
1st Round Interviews- February 10,11,16
2nd Round Interviews- February 22,23,24
Possible Board Action to name lone finalist- February 24
21 day waiting period ends March 16

New Superintendent Enters District- April 1, 2016

FALLS CITY INDEPENDENT SCHOOL DISTRICT
SUPERINTENDENT 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 _____																									
Personal Data	Name _____ <div style="text-align: center; font-size: small; margin: 2px 0;"><i>Last First Middle initial</i></div> Current address _____ <div style="text-align: center; font-size: small; margin: 2px 0;"><i>Street/Box City State ZIP Code</i></div> Other address where you may be reached _____ Home phone _____ Cell phone _____ Other phone _____ Other name that may appear on records _____ <div style="text-align: center; font-size: x-small; margin-top: 5px;"><i>(Used for certification, reference, and criminal history record checks)</i></div>																								
Position Data	List the position(s) for which you are applying _____ Credentials included with application: <div style="margin-left: 20px;"> <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees </div> 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 _____																								
Education/Training	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and location of schools attended</th> <th style="width: 20%;">Course of study and major/minor</th> <th style="width: 30%;">Diploma, degree, certificate, or license granted</th> <th style="width: 20%;">Year graduated <i>(College only)</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>																				
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Certification/Licensure	Certificates or Licenses Currently Held:
	<input type="checkbox"/> None
	<input type="checkbox"/> Valid Texas
	<input type="checkbox"/> Valid Other State_____
	<input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____
	<input type="checkbox"/> Other: _____
	Category/Level(s) of Certification: _____
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

Other Work Experience	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.				
	Employer name and location		Employer name and location		
	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		
	Employer name and location		Employer name and location		
	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		
	References	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

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Falls City 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>
Verification	<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;"> _____ Signature </p> <p style="text-align: center;"> _____ 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)**

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/Review%20of%20Personal%20Criminal%20History) 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	