FALLS CITY INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE AND SUPPORT STAFF JOB APPLICATION

PO BOX 399 – 700 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 _____
Social Security Number _____ Drivers License _____

Personal Data

Name _____
Last *First* *Middle initial*

Mailing address _____
Street/Box *City* *State* *ZIP Code*

E-mail address _____

Home phone _____ Cell phone _____ Other phone _____

Other name that may appear on records _____

(Used for certification, reference, and criminal history record checks)

Position Data

List the position(s) for which you are applying _____

Type of employment: ❑ Full-time ❑ Part-time ❑ Summer only

Date you can begin work _____

Have you been employed by _____ ISD in the past? ❑ Yes ❑ No

If you answered yes, provide dates of employment _____

Special Skills

List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.

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

Work Experience

Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). 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	

FALLS CITY INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE AND SUPPORT STAFF JOB APPLICATION
PO BOX 399 – 700 N NELSON ST. FALLS CITY, TX 78113
PHONE NUMBER (830)254-3551 FAX NUMBER (830)254-3354

Work Experience

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

Education/Training

List the highest level of education attained: _____

Licenses and certificates granted _____

_____

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated *(College only)*

FALLS CITY INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE AND SUPPORT STAFF JOB APPLICATION
PO BOX 399 – 700 N NELSON ST. FALLS CITY, TX 78113
PHONE NUMBER (830)254-3551 FAX NUMBER (830)254-3354

General Information

Do you have a relative who serves on the Board of Education or is an employee of _____ ISD?

❑ Yes ❑ No If yes, please provide the relative's name and relationship: _____

_____

Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)? ❑ 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.)

Verification

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 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 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. The district reserves the right to accept or reject it. This application shall be considered active for _____ months. If you have not received a response during this time period, you may reapply or reactivate your application.

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation, or gender identity), 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.

In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.

Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, (name, title, office address, email address, and telephone number).

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 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

Rev. 09/2013

TASB HR Services

PRE-EMPLOYMENT OR PRE-SERVICE AFFIDAVIT FOR EDUCATIONAL ENTITIES

Pursuant to Texas Education Code (TEC) §22A.055, a person applying for employment with or who will act as a service provider for an educational entity (school district, district of innovation, open-enrollment charter school, other charter entity, regional education service center, or shared services arrangement) ***must*** *submit, using a form adopted by the agency, a pre-employment or pre-service affidavit.*

The TEC §22A.055 affidavit requirement applies to all prospective employees and to service providers whose roles involve ***direct contact or interaction with students****. The completion of a TEC §22A.055, affidavit is not required for individuals whose job duties do not fall into this category.*

Section 1 – Disclosure of Work History and Consent for Release of Records

Item	Response Selection
1. Have you previously been employed by or acted as a service provider for, or are you currently employed by or currently acting as a service provider for, a public or private school?	Yes ☐ No ☐
2. Do you consent to the release of your employment records as described below? *Pursuant to TEC §22A.055, a person applying for employment with or who will act as a service provider for an educational entity must consent for release of the person's employment records.*	Yes ☐ No ☐

Section 2 – Disclosure of Investigation or Placement on the Do Not Hire Registry

Item	Response Selection
3. Have you ever been terminated, non-renewed, or discharged from employment by a public or private school?	Yes ☐ No ☐
4. Have you ever resigned with a public or private school in lieu of being terminated or discharged?	Yes ☐ No ☐

Item	Response Selection
5. Have you ever been investigated by a law enforcement or child protective services agency for, or charged with, adjudicated for, or convicted of, an offense involving the following conduct described by TEC §22A.051(a)(2)(A), (B), (C), or (D): • abused or otherwise committed an unlawful act with a student or minor, including by engaging in conduct that involves physical mistreatment or constitutes a threat of violence to a student or minor and that is not justified under Chapter 9, Penal Code, regardless of whether the conduct resulted in bodily injury; • was involved in or solicited a romantic relationship with or solicited or engaged in sexual contact with a student or minor; • engaged in inappropriate communications with a student or minor, as defined by board rule; or • failed to maintain appropriate boundaries with a student or minor, as defined by board rule? *Adjudicated and convicted refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.* *Charged refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.*	Yes ☐ No ☐
6. Have you ever been investigated by a licensing authority or had a license, certificate, or permit denied, suspended, revoked, or otherwise sanctioned in this state or another state for conduct described by TEC §22A.051(a)(2)(A), (B), (C), or (D), which is described above?	Yes ☐ No ☐
7. Are you currently the subject of an inquiry, disciplinary action, review, or investigation, by a public or private school, a teacher-licensing agency, a law enforcement agency, or a court in Texas or another state in connection with alleged misconduct?	Yes ☐ No ☐
8. Have you ever been listed on the Texas Education Agency's Do Not Hire Registry under TEC §22A.151?	Yes ☐ No ☐

If you answered **Yes** to any question in Section 2, provide all relevant facts known to you pertaining to the matter, including, if applicable, whether the allegation was determined to be true or false.

Section 3 – Declaration of Applicant

A person commits an offense, a Class B misdemeanor if the person fails to disclose information required to be disclosed in this affidavit under TEC §22A.055. Additionally, a determination that an employee or person providing services failed to disclose information required by TEC §22A.055 is grounds for termination of employment or services.

By signing below, I affirm that the information and responses provided in this affidavit are true, complete, and correct to the best of my knowledge.

Name (First, Middle, Last)	Date of Birth
Address (House/Unit # and Street Name)	
Address (City, State, Zip Code)	County
Signature	Date Signed