

NON-CERTIFIED APPLICATION FOR EMPLOYMENT

FULL NAME _____
LAST FIRST MIDDLE INITIAL MAIDEN

CURRENT ADDRESS _____
STREET CITY STATE ZIP

HOW LONG AT YOUR CURRENT ADDRESS? _____

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP

HOW LONG AT YOUR PREVIOUS ADDRESS? _____

SOCIAL SECURITY NUMBER* _____

*NOTE: YOUR SOCIAL SECURITY NUMBER IS OPTIONAL AND FAILURE TO SUBMIT ON THIS FORM WILL NOT PROHIBIT EMPLOYMENT CONSIDERATION. YOUR SOCIAL SECURITY NUMBER MAY BE REQUIRED ON OTHER FORMS BEFORE EMPLOYMENT

DAYTIME TELEPHONE (____) _____ EVENING TELEPHONE (____) _____

CELL PHONE (____) _____

E-MAIL ADDRESS _____

DATE AVAILABLE FOR WORK: _____

CIRCLE POSITION DESIRED:

BUS DRIVER CUSTODIAL HOT LUNCH DAYCARE PARA-PROFESSIONAL

ARE YOU ABLE TO PERFORM THE PRIMARY RESPONSIBILITIES OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION (ASSISTANCE)?

YES____ NO____

CIRCLE TYPE OF EMPLOYMENT DESIRED:

FULL TIME PART TIME FULL OR PART TIME SUBSTITUTE

OTHER INFORMATION

USE THE BACK OF PAGE IF ADDITIONAL SPACE IS NEEDED

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? YES ____ NO ____

HAVE YOU EVER BEEN EMPLOYED BY THE DISTRICT BEFORE? YES ____ NO ____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

YES ____ NO ____

DRIVER'S LICENCE NUMBER (IF REQUIRED FOR POSITION):

NUMBER: _____ STATE: _____ YEAR EXPIRES: _____

LIST ANY LOCAL SCHOOL BOARD MEMBER OR EMPLOYEE RELATIVE(S) OR FRIEND EMPLOYED BY THE SCHALLER-CRESTLAND COMMUNITY SCHOOL DISTRICT AND DESCRIBE THE RELATIONSHIP.

ESTIMATE YOUR ABSENCES FROM WORK OR SCHOOL (NO. OF DAYS) FOR EACH OF THE LAST THREE YEARS AND EXPLAIN THE REASON(S) _____

HAVE YOU EVER BEEN CONVICTED OR CHARGED WITH ANY CRIMINAL CONDUCT OR OFFENSE? YES ____ NO ____

IF YES, EXPLAIN _____

ARE ANY CRIMINAL CHARGES OR PROCEEDINGS PENDING AGAINST YOU?

YES ____ NO ____

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH ANY OFFENSE INVOLVING THE SEXUAL MOLESTATION, PHYSICAL OR SEXUAL ABUSE, OR RAPE OF A CHILD?

YES ____ NO ____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A DRUG OR ALCOHOL CHARGE?

YES ____ NO ____

*NOTE: PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT

EMPLOYMENT HISTORY:

LIST YOUR LAST FOUR (4) EMPLOYERS (OR EMPLOYMENT SPANNING THE LAST TEN (10) YEARS). ASSIGNMENTS OR VOLUNTEER ACTIVITIES—THE MOST RECENT SHOULD BE LISTED FIRST. IF YOU ARE EMPLOYED AT THIS TIME THE FIRST POSITION LISTED SHOULD BE YOUR CURRENT POSITION. INDICATE “DO NOT CONTACT” IF THAT IS YOUR WISH.

1) FROM: _____ TO: _____ JOB TITLE: _____
EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
IMMEDIATE SUPERVISOR & TITLE: _____
SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
HOURLY RATE/SALARY: START:\$ _____ PER _____ FINAL\$ _____ PER _____

2) FROM: _____ TO: _____ JOB TITLE: _____
EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
IMMEDIATE SUPERVISOR & TITLE: _____
SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
HOURLY RATE/SALARY: START:\$ _____ PER _____ FINAL\$ _____ PER _____

3) FROM: _____ TO: _____ JOB TITLE: _____
EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
IMMEDIATE SUPERVISOR & TITLE: _____
SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
HOURLY RATE/SALARY: START:\$ _____ PER _____ FINAL\$ _____ PER _____

4) FROM: _____ TO: _____ JOB TITLE: _____
EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
IMMEDIATE SUPERVISOR & TITLE: _____
SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____
REASON FOR LEAVING: _____
HOURLY RATE/SALARY: START:\$ _____ PER _____ FINAL\$ _____ PER _____

EDUCATIONAL BACKGROUND

| LEVEL OF EDUCATION | NAME OF SCHOOL OR UNIVERSITY/LOCATION | FIELD OF STUDY | DEGREE | DATES OF ATTENDANCE FROM/TO |
|-----------------------|---------------------------------------|----------------|--------|-----------------------------|
| High School | | | | |
| College or University | | | | |
| Technical School | | | | |
| Other Education | | | | |

IF THERE IS ANYTHING ABOUT YOUR EDUCATION THAT YOU BELIEVE WE SHOULD GIVE EXTRA CONSIDERATION TO IN DETERMINING WHETHER TO EMPLOY YOU, PLEASE DESCRIBE.

MILITARY EXPERIENCE

| BRANCH OF SERVICE | OCCUPATIONAL SPECIALIST (MOS) | INCLUSIVE DATES | RANK | TYPE OF DISCHARGE |
|-------------------|-------------------------------|-----------------|------|-------------------|
| | | | | |
| | | | | |
| | | | | |

YOU MAY, IF YOU CHOOSE, DESCRIBE ANY EXTRAORDINARY EXPERIENCES OR SKILLS ACQUIRED IN THE MILITARY THAT YOU BELIEVE WOULD BE RELEVANT TO EMPLOYMENT WITH SCHALLER-CRESTLAND COMMUNITY SCHOOL DISTRICT.

NOTE: EFFECTIVE JULY 1, 1996, FALSIFICATION OF EDUCATIONAL QUALIFICATIONS ON A JOB APPLICATION IS A CRIMINAL ACT IN IOWA AND PUNISHABLE BY A FINE AND/OR INCARCERATION

PROFESSIONAL/CHARACTER REFERENCES

THE APPLICANT IS RESPONSIBLE TO PROVIDE THE NAMES OF PROFESSIONAL/CHARACTER REFERENCE SOURCES. INCLUDE THE NAME OF PAST SUPERVISORS OR PERSONS WHO ARE KNOWLEDGEABLE ABOUT YOUR WORK PERFORMANCE.

- 1. NAME: _____ POSITION: _____ WORK PHONE: _____
 ADDRESS: _____ HOME PHONE: _____
 EMPLOYER: _____
- 2. NAME: _____ POSITION: _____ WORK PHONE: _____
 ADDRESS: _____ HOME PHONE: _____
 EMPLOYER: _____
- 3. NAME: _____ POSITION: _____ WORK PHONE: _____
 ADDRESS: _____ HOME PHONE: _____
 EMPLOYER: _____

NOTICE—READ CAREFULLY:

I HEREBY CERTIFY THAT ALL APPLICATION STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT, IF I AM EMPLOYED BY THE SCHALLER-CRESTLAND COMMUNITY SCHOOL DISTRICT, FALSE STATEMENTS SHALL BE SUFFICIENT CAUSE FOR IMMEDIATE DISMISSAL.

I ALSO UNDERSTAND THAT BEFORE BEGINNING EMPLOYMENT I MAY BE REQUIRED TO SUBMIT A COMPLETED SCHOOL DISTRICT PHYSICAL EXAMINATION FORM TO THE DISTRICT SUPERINTENDENT.

I FURTHER UNDERSTAND THAT IF I ACCEPT A POSITION WITH THE SCHALLER-CRESTLAND COMMUNITY SCHOOL DISTRICT, THE STATEMENTS ON THIS APPLICATION WILL BECOME PART OF MY PERMANENT RECORD.

SIGNATURE OF APPLICANT

DATE

The Schaller-Crestland Community School District provides equal opportunity in employment to all persons regardless of age, race, creed, color, sex, national origin, religion or disability.
EEO/AA Employer

“Working Together, Achieving Success”
Submit to: bsimonsen@RVRAPTORS.ORG or
Schaller-Crestland Community School District
300 S. Berwick, P.O. Box 249
Schaller, IA 51053