

Essex Community School District Employment Application

111 Forbes Street
Essex, IA 51638
712-379-3114 (fax 712-379-3200)

Home of the Trojans



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

An Equal Opportunity Employer

(Please print or type)

Date: _____

Name:

Last

First

Middle

Address:

(Number and Street)

City:

State:

Zip:

Home Phone:

Business Phone:

Email Address:

Social Security Number:

Are you legally able to work in the United States? Yes No

Position Desired:

First Choice: _____

Second Choice: _____

Third Choice: _____

Total years experience: _____

Have you filed an application with us before? Yes No

If yes, give date _____ and position applied for: _____

*This application will remain on file for one year from the date of application only;
It must be renewed if further consideration for a position is desired.*

EDUCATION:

	School Name	Location City, State	Dates Attended	Diploma or Degree
High School				
College/University				
Business/Trade				
Other				

***If you did not receive a degree, indicate the number of college hours attained: _____ Please attach your college transcript with this application IF it has not been sent to us.*

WORK EXPERIENCE:

List most recent experience first. Use a separate sheet if necessary. Indicated any skills, experience or training (military, on the job, or other) you have received which will assist the District in placing you.

From	To	Number of Years	Name/Address of Employer	Immediate Supervisor	Job Description

REFERENCES:

Full Name of Reference	Position	City/State	Office Phone	Home Phone

If you have a relative who works for this District or who serves as a member of the Board of Directors, please give the name and address and describe your relationship:

**CERTIFIED ELEMENTARY / SECONDARY CANDIDATES / SUBSTITUTE TEACHERS and
PARAPROFESSIONALS (teacher aides):**

List endorsements to your state certificate below	Certified Teaching Fields	Sem. Hrs.

Area of specialization: _____

(Must have at least 18 semester hours)

Type of certificate held: Professional Provisional None

If certified in another state, indicate which state and type of certificate held: _____

If you do not have a valid state certificate, what do you lack? _____

Grade or subject in which you did student teaching: _____

CLASSIFIED POSITION APPLICANTS:

Position for which applying:

- Custodian Paraprofessional (teacher aide) Secretary
 Cook Bus Driver Other (Specify): _____

SECRETARIAL / CLERICAL APPLICANTS and SUBSTITUTES:

Do you type? Yes No

Number of words per minute: _____

Please list below any additional office machines/computer software with which you have had experience.

Type of Machine or Software	Years of Experience

FOR ALL APPLICANTS:

List any additional information you think would be helpful concerning your knowledge, skills, and experience related to the job for which you are applying.

Briefly state what you feel you can contribute as an employee for the **Essex Community School District** in the position for which you are applying.

STATEMENT:

The District strives to select qualified applicants who will serve as positive role models for students.

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling, and indecency with a minor.

Have you ever been convicted of a felony or any offense involving moral turpitude and received probation?

Yes No

If yes, please explain:

Has any court ever received a plea of guilty or a plea of *nolo contendere* from you for any offense involving moral turpitude, deferred proceedings without entering a finding of guilty and placed you on probation?

Yes No

If yes, please explain:

Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position or why did you leave your last position?

Have you ever been involuntarily terminated or asked to resign from the employment of another school district?

Yes No

If yes, please give the name of the district, the date and the reason for termination or request for resignation:

Are you able to perform the essential job duties required of the position for which you are making an application, with or without reasonable accommodation?

Yes No

If no, please explain:

AGREEMENT:

I hereby certify that the previous information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of act shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

Signature of Applicant

TOBACCO-FREE ENVIRONMENT POLICY

Consistent with the board Wellness Policy and in order to maintain the health of students, employees and visitors, tobacco use is prohibited in school district facilities, including school vehicles, and on school grounds. This policy applies at all times, including school-sponsored and non school sponsored events. Persons failing to abide by this request are required to dispose of their tobacco material or leave the school district premises immediately. It is the responsibility of the administration to enforce this policy. Note: According to federal law, all indoor facilities used for instructional services must be smoke-free at all times.

I hereby certify that I have read and understand the District Tobacco-free Environment Policy and agree to abide by the regulations stated above. I also understand that failure to abide by this policy is sufficient cause for termination if I am employed by the District.

Signature of Applicant

I hereby authorize the District to conduct work history, personal reference or police record inquires to determine my acceptability for employment and release those supplying any information from all liability.

Signature of Applicant

BUS DRIVER APPLICATIONS ONLY:

I understand that any offer of employment with the District is contingent upon my passing any required drug and alcohol test.

Signature of Applicant

PLEASE RETURN ALL FORMS (2) TO: East Mills Community School District



APPLICANT RELEASE & AUTHORIZATION

***All fields must be completed, if the answer is none, please indicate none:

_____ Last Name	_____ First Name	_____ Middle Name
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Current Address		_____ Dates Lived Here
_____ City	_____ State	_____ Zip
_____ Social Security Number	_____ Driver's License #	_____ State Issued

Email address (may be used for official correspondence)

In connection with my employment, potential employment or other lawful purpose, I understand that information provided may be investigated to verify its accuracy. I hereby authorize verification of all information in my application and as described above, from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with the Federal Americans with Disabilities Act (ADA), labor and wage records, etc. or any part thereof. I authorize any duly authorized agent of WhatsTheirBackground, Inc. ("WTB, Inc.") and/or 3rd Degree Screening, Inc (3DS) to obtain, said records, whether the records are public or private, and including those which may be deemed to be privileged or confidential in nature, and I release all persons from liability as a result of such disclosure(s). Information appearing on this release and authorization shall be used exclusively by WTB, Inc. and 3DS or their customer for identification purposes and for consideration in determining suitability for employment or other lawful purpose. I certify that I have made true, correct, and complete answers and statements on my application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my employment or qualification. I agree to provide additional information that may be requested to process my application and to verify information provided by me. I authorize without reservation, any party or agency contacted by WTB, Inc. or 3DS to furnish the above-mentioned information. This release and authorization is valid during the course of my employment or other lawful purpose to the extent permitted by law.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, this document is considered my written permission to obtain information. I understand that I have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. I also understand that I am also entitled to a copy of my Rights under the Fair Credit Reporting Act upon written request.

I understand and agree that any omission, false statement, misleading statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Applicant Printed Name	_____ Applicant Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature (if applicant is under age 18)	_____ Date

What's Their Background service results driven by 3rd Degree Screening, Inc



03/2014



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabusergistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

Address Fax Email

Section 1: To be completed by the person or agency requesting the information.				
Requester: Last Waters		First Jimmy		Agency Name 3rd Degree Screening, INC
Address 100 East Broadway, Suite 201			Telephone Number (712)256-1701	
City Council Bluffs			State IA	Zip Code 51503
List the name and address of the person whose information is being requested: Name (last, first, middle) DegreeScreening.com			Fax Number (866)551-4908	
Address			City	County
State			Zip Code	
List maiden name, previous married names, and any alias:				
What is the purpose of your request for child or dependent adult abuse information? Potential Employment, Volunteer, ReCheck				
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.				
Signature of Requestor <i>Jimmy Waters</i>				Date
Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.16) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.				
Signature of Person Authorizing				Date
Section 3: To be completed by the Central Abuse Registry or designee.				
<input type="checkbox"/> The person whose information is being requested is listed on the Child Abuse Registry as having abused a child. <input type="checkbox"/> The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child. <input type="checkbox"/> The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult. <input type="checkbox"/> The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult. <input type="checkbox"/> This request for information is denied because the form is incomplete.				
Signature of Registry Staff or Designee				Date
Comments				