

EDUCATION:

	School Name	Location City, State	Dates Attended	Diploma or Degree
High School				
Colleges/Univ.				
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. Indicate 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	Type of Job

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 minutes _____.

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 *Griswold 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 every 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 of 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

I hereby authorize the District to conduct work history, personal reference or police record inquiries 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

Background Check Permission Form (for certified personnel only)

Please print:

Applicant First Name _____

Middle Name _____

Last Name _____ (Suffix: Sr/Jr/III/IV) _____

Maiden Name (if applicable) _____

Birth Date ____ / ____ / _____

Social Security Number _____ - _____ - _____

Current Address: Street or P O Box _____

City _____ State _____ Zip Code _____ County _____

Position applied for: _____

I hereby give permission for the Griswold Community Schools to conduct a background check including child abuse and adult abuse information.

Signature: _____ Date _____

**STATE OF IOWA
NON LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A
(non-certified personnel only)**

ACCOUNT NUMBER: _____

TO: Iowa Division of Criminal Investigation
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, IA 50319
515-725-6066
515-725-6080 (fax)

FROM: Griswold Community School District
20 Madison
P O Box 280
Griswold IA 51535
712-778-2152
712-778-4145 (fax)

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST:

Last Name

First Name

Middle Name

____/____/_____
Date of Birth

Sex

(mandatory)

____ - ____ - ____
Social Security Number

Signature of Requester

(DCI Use Only)

RESULTS:

As of _____, a Name and date of birth check revealed:

CCH record attached

No CCH record found

DCI initials _____

WAVIER:

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature

Date