

GALVA-HOLSTEIN COMMUNITY SCHOOL DISTRICT EMPLOYEE APPLICATION FORM

This application is for the position of _____.

Applicant Information

Full Name: _____ **Date:** _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **E-mail Address:** _____

Date Available: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Education

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

References

Please list three professional references.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Background Information

Have you ever been convicted of a violation of law other than a minor traffic violation? (The term "conviction" includes any conviction, a guilty plea, a plea of nolo contendere or no contest, a suspended sentence, a deferred sentence, a deferred judgment, or a finding of guilt by a jury or judge.)

YES NO

Have you ever been terminated or discharged, or resigned at the request of your employer from any job?

YES NO

In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?

YES

NO

Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?

YES

NO

Has there been any incident that could negatively affect your ability to work in this District?

YES

NO

Authorization – Please read carefully and sign if you agree the terms

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the District discovers the violation of its policy regarding application form dishonesty.

Signature: _____ Date: _____

I acknowledge that the position of teacher is a position of public trust and I specifically authorize the Board of Directors, or its agents, with respect to this application to contact my references, to investigate my background, and to make such other inquiries as the Board in its discretion deems relevant to assess my qualifications for the position of teacher. I authorize former employers, my references or any other person contacted by the Board or its agents in investigating the merits of my application to disclose personnel records and appraisals of my performance or information about my qualifications for the position of teacher, and release them from any liability for such disclosure.

I further understand that if I apply for employment with the District, the District may conduct a check of my criminal background. I agree to sign a DCI Criminal Background Check Waiver authorizing the District to obtain a check of my criminal history, and I further agree to provide all information necessary to obtain this criminal background check.

Signature: _____ Date: _____

Equal Opportunity Employer

It is the policy of the Galva-Holstein Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact [Name of Equity Coordinator(s), Programs Contact: Mike Richard, 519 E Maple Holstein, IA 51025, 712-368-4353, mrichard@rvraptors.org or Employment Contact: Bret Warnke, 519 E Maple Holstein, IA 51025, 712-368-4353, bwarnke@rvraptors.org] It is the policy of the Galva-Holstein Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact [Name of Equity Coordinator(s), Programs Contact: Mike Richard, 519 E Maple Holstein, IA 51025, 712-368-4353, mrichard@rvraptors.org or Employment Contact: Bret Warnke, 519 E Maple Holstein, IA 51025, 712-368-4353, bwarnke@rvraptors.org]

Please direct all inquiries, applications, and supporting materials to:

Jon Wiebers, Superintendent
Galva-Holstein Community School District
519 E. Maple Street
Holstein, IA 51025
Phone: 712-368-4353 Fax: 712-368-4843
jwiebers@rvraptors.org