

Central Lyon Community School District Classified Staff Application

General Information

Application Date _____ Date Available: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____

Are you eligible to work in the United States? **Yes** **No**

Current Home Phone: _____ Work Phone: _____

Cell Phone: _____

Current Address: _____

Position(s) for which you are applying: _____

Are you available full time? **Yes** **No**

Are you willing to consider less than full time? **Yes** **No**

Are you on a sex offender registry? **Yes** **No**

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? **Yes** **No**

Please provide date, incident, city/state of charge: _____

Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

Are you able to perform, with or without reasonable accommodations, the essential job functions required of this position? **Yes** **No** **If no, explain:** _____

Education

High School Attended: _____ Location: _____

Have you served in the Military? **Yes** **No**

If yes, I served in these wars and/or conflicts: _____

College: _____ Location: _____

Degree & Major/Minor: _____

Number of Hours Beyond Highest Degree: _____

College: _____ Location: _____

Degree & Major/Minor: _____

Number of Hours Beyond Highest Degree: _____

College: _____ Location: _____

Degree & Major/Minor: _____

Number of Hours Beyond Highest Degree: _____

Employment

Employer: _____

Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Employer: _____

Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Employer: _____

Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Employer: _____

Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

Reference

Reference's Name: _____

Reference's Employer & Address: _____

Reference's Position: _____

Reference's Home Phone _____ Reference's Work Phone: _____

Reference's Name: _____
Reference's Employer & Address: _____
Reference's Position: _____
Reference's Home Phone: _____ Reference's Work Phone: _____

Reference's Name: _____
Reference's Employer & Address: _____
Reference's Position: _____
Reference's Home Phone: _____ Reference's Work Phone: _____

Application Verification

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at-will.

Signature: _____ **Date:** _____

Return to:

Administration Office
Central Lyon Community School District
1105 S. Story Street
PO Box 471
Rock Rapids, IA 51246

The Central Lyon Community School District is an EEO/AA employer.