

Central Lyon Community School District Certified 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: _____

Permanent Phone: _____

Current Address: _____

Permanent 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 under a teaching contract for next year? **Yes, Where?** _____ **No** _____

Have you applied for your Iowa Teacher License? **Yes** **IA Folder Number:** _____ **No**

Do you hold a license from another state? **Yes, If so, which state(s)?** _____ **No**

What certifications, endorsements or approvals have you achieved (including coaching authorization)?

Have you previously held a licensed position in an Iowa public school? **Yes** **No**

District: _____

Have you successfully completed an official probationary period in a public school district? **Yes** **No**

If yes, what was the length of the probationary period? _____

Have you successfully completed a mentoring and induction program? **Yes** **No**

If yes, when? _____ **If no, have you completed:**

One year

Two years but have been recommended for a third year

Three years and am not being recommended for a professional license

None

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 accommodation, 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

School District/Employer: _____

Employer Address: _____

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

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

School District/Employer: _____

Employer Address: _____

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

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

School District/Employer: _____

Employer Address: _____

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

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

School District/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:

Board Secretary
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.