



Central Lyon Community School

Serving Rock Rapids, Doon and Surrounding Area

Our New Address:

Central Lyon Community School

1010 S. Greene Street

Rock Rapids, IA 51246

CLASSIFIED OR CERTIFIED STAFF EMPLOYMENT COVER LETTER

It is the policy of the Central Lyon Community School District will not discriminate in its educational activities on the basis of race, color, national origin, creed, socio-economic status, religion, sex, disability, sexual orientation, gender identity or marital status in its educational programs, activities, or employment policies as required by Title VI and VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, and the Federal Rehabilitation Act of 1973.

It is also the policy of this district that the curriculum content and instructional materials utilized reflect the cultural, racial, and sexual diversity present in the United States and the various careers, roles, and life styles open to women as well as men in our society. One of the objectives of the total curriculum and teaching strategies is to reduce stereotyping and to eliminate bias on the basis of race, color, national origin, creed, socio-economic status, religion, sex, disability, sexual orientation, gender identity or marital status. The curriculum should foster respect and appreciation for the cultural rights, duties, and responsibilities of each individual as a member of multicultural, nonsexist society.

It is the policy of Central Lyon Community School District to provide equal educational and employment opportunities and not to illegally discriminate on the basis of race, creed, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, socioeconomic status or marital status in its educational programs, activities, or its employment and personnel policies. The District shall comply with the Iowa Veterans' Preference Law. Affirmative steps be taken to integrate students in attendance centers, programs, and classes on the basis of race, national origin, gender and disability. The Central Lyon Community School District is an EEO/AA employer

The Central Lyon Schools shall provide program activities, a curriculum and instructional resources which will reflect the racial and cultural diversity present in the United States and the variety of careers, roles and life styles open to both men women in our society. One of the objectives of Central Lyon's programs, curriculum, services and teaching strategies is to reduce stereotyping and to eliminate bias on the basis of race, creed, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, socioeconomic status or marital status. The curriculum, programs and services shall foster respect and appreciation for the cultural diversity found in our country and an awareness of the rights, duties and responsibilities of each individual as a member of a pluralistic society.

It is the policy of the Central Lyon Schools to affirmatively recruit women and men, members of diverse racial/ethnic groups and persons with disabilities for job categories where they are underrepresented. A fair and supportive environment will be provided for all students and employees regardless of their race, creed, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, socioeconomic status or marital status. Harassment of a sexual nature or with demeaning intent related will not discriminate in its educational activities on the basis of race, color, national origin, creed, socio-economic status, religion, sex, disability, sexual orientation, gender identity or marital status, made from one employee to another, from an employee to a student or vice versa, and from one student to another is a violation of this policy.

Inquiries or grievances related to this policy may be directed to Superintendent David Ackerman, 1105 S. Story Street, P.O. Box 471, Rock Rapids, Iowa (712) 472-2664, to the Director of the Iowa Civil Rights Commission in Des Moines, the Director of the Region VII Office of Civil Rights, United States Department of Education in Kansas City, MO. Inquiries may also be directed to the Director, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319.

*The mission of the Central Lyon Community School District is to provide an education
and the opportunity for all students to become productive, life-long learners.*

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: _____ e-mail: _____

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

Circle Highest Degree: High School, Associates, Bachelor's, Master's, Doctorate, Other _____

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: _____

Language Skills

Do you know any language other than English? **Yes** **No**

Language(s): _____

Oral Level: _____

Written Level: _____

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: Board Secretary, Central Lyon CSD, 1010 S. Greene St., Rock Rapids, IA 51246

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

APPLICANT COMPLETES

Release Authorization

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

PLEASE PRINT:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial (Required)</i>
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Other LEGAL names you have used, including MAIDEN name(s):

Home Address

<i>City</i>	<i>State</i>	<i>Zip</i>
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Other addresses if less than 7 years at home address: (use back of sheet for additional addresses)

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Social Security Number

Date of birth (Required)

Driver's License #

State of Issue

Name as it appears on license

SIGNATURE OF APPLICANT

ONE SOURCE, The Background Check Company	
PO BOX 24148	
OMAHA, NE 68124	

PHONE: 402-333-9696

TOLL FREE: 800-608-3645

FAX: 402-333-3280