

# 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

Circle Highest Degree: 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: \_\_\_\_\_

## 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: \_\_\_\_\_

## Language Skills

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

Language(s): \_\_\_\_\_

Oral Level: \_\_\_\_\_

Written Level: \_\_\_\_\_

## 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:** \_\_\_\_\_

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

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

**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:**

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Initial (Required)*

\_\_\_\_\_  
*Other LEGAL names you have used, including MAIDEN name(s):*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

*Other addresses if less than 7 years at home address: (use back of sheet for additional addresses)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*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**