



North Iowa Community School

First consolidated school West of the Mississippi

LINKING STUDENTS WITH SUCCESS

111 Third Avenue NW,

Buffalo Center, Iowa 50424

Phone: 641-562-2525 Fax: 641-562-2921

www.northiowa.org

SUPPORT STAFF APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Name _____ Date of Application _____
 First Middle Last

Present Address _____
 Street, P.O. Box

 City, State Zip Code e-mail

Phone (Home) _____ / _____ (Work) _____ / _____ (Cell Phone) _____ / _____

Position You Are Applying For: _____

Note: The information contained in this application becomes a legal part of your contract if you are hired. Exercise the greatest care in answering every item.

1. Education (All Applicants)

	<u>Institution Attended</u>	<u>Number of Years</u>	<u>Dates</u>	<u>Degrees</u>
High School	_____	_____	_____	_____
Post High School	_____	_____	_____	_____
Field of Study (Post H.S.)	_____	_____	_____	_____
			Semester Hours Credit	_____

2. **EXPERIENCE** (All Applicants)

<u>Where</u>	<u>How Long</u>	<u>Dates</u>	<u>Description of Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **SECRETARIAL SKILLS** (Secretaries, Aides, Bookkeepers and Assistants)
List all business machines you are familiar with.

List other important skills of demonstrated competence.

4. **ACTIVITIES** (All Applicants)

List high school, post-high school, and community activities in which you have participated.

5. **BUS DRIVER APPLICANTS**

Do you have a CDL License? _____ Do you have a bus driver's license? _____

Have you ever had your driver's license suspended or revoked? _____

If yes, explain: _____

List traffic violations other than parking violations: _____

6. EMPLOYMENT DATA (All Applicants)

If hired, and conditions prove satisfactory, do you plan to work for the North Iowa Community School District at least two years? _____

When could you begin work? _____

7. REFERENCES (All Applicants)

Please list 3 personal references other than relatives:

Name	Town	State	Telephone

Please list two past employers:

Name	Town	State	Telephone

8. ROLE (All Applicants)

Please describe your role, as you see it, as a member of the North Iowa School staff.

PERSONAL DATA

1. I am available to begin work on _____ (date).
2. Are you able to perform, with or without reasonable accommodation, all the essential job functions required of this position? Yes

_____ No, Explain

3. Have you served in the military? Yes No

If YES, describe your service: _____

4. Have you ever been removed from a job/position or fired? Yes No

If YES explain: _____

5. Are you on a sex offender registry? Yes No

Are you on the Department of Human Services' child abuse registry? Yes
_____ NO

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor other than a traffic violation?
_____ Yes _____ No

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.

6. Do you speak a language other than English? Yes No

List the language(s): _____

7. Are you legally authorized to work in the United States of America? Yes
_____ No

AUTHORIZATION AND RELEASE

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.

____ Yes ____ No

_____ (Signature or typed full name)

Typing your name on the following line will serve as your legally binding signature.

I EXPRESSLY AUTHORIZE THE RELEASE TO THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION ANY RECORDS OR INFORMATION WHICH MAY REFER OR RELATE TO THIS APPLICATION FOR EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, RECORDS OF EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCIES, AGENCIES MAINTAINING CHILD ABUSE RECORDS, AND PREVIOUS EMPLOYERS. I HEREBY RELEASE AND DISCHARGE THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION AND ANY RESPONSIBLE PERSON(S) EMPLOYED BY THE AGENCY FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE RELATING TO INFORMATION PROVIDED TO THE EDUCATIONAL AGENCY AS PART OF THIS APPLICATION FOR EMPLOYMENT.

_____ (Signature or typed full name)

By typing your name on the following line this act serves as my legally binding signature

An Affirmative Action, Equal Opportunity Employer

The North Iowa Community School District does not discriminate based on race, creed, color, sex, sexual, orientation, gender identity, national origin, religion, age, marital status socioeconomic status, or disability. Inquiries may be directed to the Director of Human Resources, 111 3rd Ave NW, Buffalo Center, Iowa

641-562-2525

9/22/2014

Note: Papers and photographs will not be returned. Applications will be kept on file for **one year**. If the applicant desires to renew his/her application after one year, **notification must be directed to the Human Resource Manager.**