



Keota Community School District

PO BOX 88, 505 N. Ellis St.

Keota, IA 52248

Phone: 641-636-2189

Fax: 641-636-3009

www.keota.k12.ia.us

APPLICATION FOR CLASSIFIED POSITIONS

Date Submitted: _____

Name: _____
(TITLE) FIRST MIDDLE INITIAL LAST

Other Names: _____
(PLEASE PROVIDE ANY OTHER NAMES YOU HAVE USED)

E-mail Address: _____

Current Address: _____
STREET CITY STATE ZIP

How Long at Current Address: To: _____ From: _____

Daytime Phone: _____ Home/Cell Phone: _____

Employment Desired

Indicate Position(s) for which you are applying for:

_____ AIDE _____ SECRETARY _____ MAINTENANCE
_____ TRANSPORTATION _____ FOOD SERVICE _____ SUBSTITUTE
_____ CUSTODIAN _____ SEASONAL _____ OTHER _____

Full-Time _____ Part-Time _____ Substitute _____

Availability for Employment: _____
(Month/Day/Year)

Driver's License Number (if required for Position) _____ Expire Date: _____

Have you ever been employed here before? Yes No

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

Experience

Current or Most Recent Position		Employer Contact Information		Supervisor Contact Information	
Date From – Date To		Full or Part Time:		Last Annual Salary:	
Reason for Leaving					
May we contact this employer					
Responsibilities/ Accomplishments at this Position					

Previous Position Held		Employer Contact Information		Supervisor Contact Information	
Date From – Date To		Full or Part Time:		Last Annual Salary:	
Reason for Leaving					
May we contact this employer					
Responsibilities/ Accomplishments at this Position					

Previous Position Held		Employer Contact Information		Supervisor Contact Information	
Date From – Date To		Full or Part Time:		Last Annual Salary:	
Reason for Leaving					
May we contact this employer					
Responsibilities/ Accomplishments at this Position					

Education

Level of Education	Name and Location	Course of Study	Was a Degree obtained? If not, state hours earned	What was your GPA?
High School				
College or University				
Other/GED				

Special Skills

Check any certification or license relevant to the position you are applying for.

- CDL
- HVAC
- Right to Know (Hazardous Chemicals)
- Mandatory Child Abuse Reporting
- First Aid/CPR
- AS/Early Childhood
- Paraeducator
- Certified Nursing Assistant
- OTHER: _____

Certification/License

State	Type	Certification Number	Expiration date	Current?

Summarize special skills and qualifications you acquired from employment or other experiences that you believe would make you a valuable employee or demonstrate your qualifications to fill the position at the Keota Community School District for which you applied.

Professional References

The applicant is responsible to provide the names of at least three professional/ character reference sources including current employer if employed, or last employer if not currently employed.

	Reference #1	Reference #2
Name:		
School/Org:		
Current Position:		
Home Phone:		
Cell Phone:		
Work Phone:		
Mailing Address		
Email:		
Relationship to Candidate:		
Years Known:		

	Reference #3
Name:	
School/Org:	
Current Position:	
Home Phone:	
Cell Phone:	
Work Phone:	
Mailing Address	
Email:	
Relationship to Candidate:	
Years Known:	

Background Check and Information

In addition to the following information, a thorough background check may be made at the option of the Keota Community School District Board of Education (hereinafter the District) or an individual designated to carry out those duties.

If additional space is needed, begin your explanation here and attach additional sheets and clearly identify as **BACKGROUND CHECK and INFORMATION: A, B, C, and D**, respectively.

“Yes” answers to the following questions will not necessarily result in denial of employment. The District will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility and suitability for employment. Please note that your failure to provide complete, truthful and accurate information will most likely lead to the District not hiring you and/or if you are hired, terminating your employment upon the discovery of incorrect, false or inaccurate information.

- A. Have you ever been convicted of, admitted committing, pleaded no contest, or plead to a reduced charge, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegations of intoxication or reckless driving)? You must answer “YES” even if the matter was later deferred, reversed, or vacated. If you answer “YES” you must provide dates of the proceedings, the name and address of the court where the proceedings occurred, a statement of the accusations against you and the final disposition of the case(s) **Yes** **No**

Explanation:

- B. Have you ever been the subject of a founded report of child or dependent adult abuse? **Yes** **No**

Explanation:

- A. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or voluntarily resigned while charges against you or an investigation of your behavior were pending? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES” you must provide the date of termination of employment or resignation, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination or resignation.

Yes **No**

Explanation:

- B. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES” you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.

Yes **No**

Explanation:

- C. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES” you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you. **Yes** **No**

Explanation:

Disclosures

Do you have any relative(s) who are board members, administrators, or employees in the school district, AEA, DE, or BOEE? Yes No

If yes, Name: _____

Position: _____

Relationship: _____

Have you served in the Military? Yes No

If yes, in which wars/conflicts did you serve? _____

Estimate your number of Absences from work or school for each of the last three years:

Did you have any unauthorized absences from your job or school in the last three years: Yes No

If yes, explain why:

How many Mondays and Fridays were you absent from work for each of the last three years other than approved vacation leave?

The Keota Community School District is an Equal Opportunity Provider.

On a voluntary basis, if you believe that a resume or other information would be helpful to your application, you may attach such documents to your application. It is not necessary to submit a resume or other information, your application will be review regardless.

Signature

Date

**BACKGROUND AND EMPLOYMENT INFORMATION
AUTHORIZATION AND RELEASE**

The undersigned, _____, (hereinafter "Prospective Employee") hereby authorizes any present or former employer to provide information about his/her background for employment purposes to the Keota Community School District, 300 W. Kelly St., Keota, Iowa 52591, a prospective employer (hereinafter "Keota"), who may make such an informational request. Information to be appropriately released may include, without being limited to:

- Positions held
- Performance evaluations
- Professional assessment of strengths, skills, abilities
- Attendance record
- Criminal record
- Other information pertinent to the position applied for
- Reasons why or why not rehire
- Training
- Experience
- Qualifications
- Professional conduct
- Confirming dates of employment
- Reasons for leaving employment

Any information acquired by the Keota Community School District under this authorization shall be for their confidential use only, and shall not be communicated in any way to other employers, agencies, educational institutions or any other business or organization requesting such information for any purpose. Furthermore, the Keota Community School District shall use the information acquired under this authorization solely to determine the applicant's fitness for the position available or to verify credentials claims and/or other information supplied by the applicant.

The undersigned Prospective Employee, to the extent permitted by law, hereby releases the former employer from any and all liability resulting from the release of the aforesaid information to the Keota Community School District. This Release covers all injuries, damages, and claims whether known or not and which may hereafter appear or develop, arising from the providing of such information as authorized above. Specifically, the undersigned agrees to discharge the former employer, its agents or employees from any and all claims resulting from or due to the good faith release of information arising under: breach of contract; interference with contractual relations; unintentional misrepresentation; any violation of a State or Federal constitution; invasion of privacy; defamation/slander; or any other federal or state violation or cause of action including the undersigned's individual contract and employment or applicable collective bargaining agreement, whether currently in effect or previously in effect.

Prospective Employee's Signature

Date

Print Name

Witness' Signature



Iowa Department of Human Services
**Authorization for Release of
 Child and Dependent Adult Abuse Information**

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last WATERS	First JIMMY	Agency Name 3RD DEGREE SCREENING, INC	Telephone Number 712-256-5701
Address 100 E BROADWAY, SUITE 201			Fax Number
City COUNCIL BLUFFS	State IA	Zip Code 51503	Email RESEARCHERS@3RDDEGREESCREENING.COM
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information? Potential Employment and/or Volunteer			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor <i>Jimmy Waters</i>			Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	