

WORK EXPERIENCE

1 Present Employer _____ Phone _____
Address _____
Your position _____ Supervisor _____
Date started _____ Date left _____ Salary _____
Your duties _____
Reason for leaving _____
May we contact your supervisor? ___No ___Yes, phone number _____

2 Employer (prior to #1) _____ Phone _____
Address _____
Your position _____ Supervisor _____
Date started _____ Date left _____ Salary _____
Your duties _____
Reason for leaving _____
May we contact your supervisor? ___No ___Yes, phone number _____

3 Employer (prior to #2) _____ Phone _____
Address _____
Your position _____ Supervisor _____
Date started _____ Date left _____ Salary _____
Your duties _____
Reason for leaving _____
May we contact your supervisor? ___No ___Yes, phone number _____

If you do not wish to have your present employer/supervisor contacted, please provide the name and phone number of three (3) work-related references:

1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

DISCIPLINARY HISTORY

Have you ever been discharged or asked to resign from a position? No Yes

Have you been convicted of criminal conduct in the past seven (7) years? No Yes, please explain...

Have you ever been convicted of an offense involving sexual molestation, physical or sexual abuse, rape of a child or any felony? No Yes

Have you ever been convicted on a drug or alcohol related charge? No Yes

Do you give permission for the District to conduct a criminal background investigation? No Yes

Are you willing to provide fingerprints if required? No Yes

MILITARY BACKGROUND

Past: Branch of Service _____ Serial # _____

Length of Service From _____ To _____

Discharge Status _____

Present: Selective Service Classification _____

Local Board Number and Address _____

Member of National Guard? No Yes

Member of Reserve Unit? No Yes Ready Standby

Unit attached to and address _____

GENERAL INFORMATION

Are you able to perform the essential functions of the position? Yes No, please explain...

Would you be willing to work overtime if needed? Yes No

Date you are available to begin work? _____

In case of emergency, who should be notified?

Name _____ Relationship _____

Phone _____ Cell Number _____

If employed:

1. I agree to abide by and observe all rules and regulations of the District.
2. I understand that completion of a physical examination is required prior to beginning employment. As a new employee, the cost of this initial exam would be my financial responsibility.
3. I understand that employment depends on successful completion of a probationary period to the satisfaction of the District.

I certify that all statements in this application are true, and I agree and understand that any misstatement or willful omission of material facts may be cause for immediate termination of employment. I understand that I am applying for employment with Center Point-Urbana Community School, who uses an outside source to verify information that I have provided on my application. I understand that investigative background inquiries and verifications will be made on myself, which may include criminal, driving, employment, education records, verification of name, social security trace, workers compensation claims, and/or civil records. The report may include information about my character, job performance, work habits, rehire, education and references. I understand that I release all liability from the company performing my background investigation and consent to the disclosure of information to the Center Point-Urbana Community School District.

Social Security Number _____ Date of Birth _____

Drivers License Number _____

Former addresses for last 10 years:

1. _____
2. _____
3. _____
4. _____

Applicant's Signature

Date

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability. A grievance procedure is available from the Equity Coordinator, James Zimmerman (849-1102 ext. 600), PO Box 296, Center Point, IA 52213. EEO/AA

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER 4215-FC

**TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515)725-6067
(515)725-6080/6081 (fax)**

**FROM: Center Point-Urbana Community School
PO Box 296
Center Point, IA 52213-0296

319-849-1102 x 190
319-849-2312 (fax)**

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or print legibly)

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(recommended)

_____/_____/_____
Date of Birth
(mandatory)

Sex
(mandatory)

____-____-_____
Social Security Number
(recommended)

Alan Marshall

Signature of Requestor

There is a separate Form A required for each last name submitted.

(DCI use only)

RESULTS

As of _____, a Name and Date of Birth check revealed:

CCH record attached

No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature

Date