

CERTIFICATION

DO YOU HAVE AN IOWA COACHING CERTIFICATE OR AUTHORIZATION? YES NO

CERTIFICATE NUMBER _____ EXPIRATION DATE _____

COACHING EXPERIENCE

NOTE: INDICATE ACTIVITIES YOU ARE QUALIFIED FOR OR WILLING TO COACH/SPONSOR BY CIRCLING THE NAME OF THE ACTIVITY AND INDICATE THE NUMBER OF YEARS OF EXPERIENCE.

EXTRACURRICULAR ACTIVITY	HIGH SCHOOL EXPERIENCE	COLLEGE	CONTRACTED EXPERIENCE	PLEASE LIST THE PERFORMANCE OR CHARACTER REFERENCES FOR THIS COACHING POSITION.
FOOTBALL				
VOLLEYBALL				
CROSS COUNTRY				
WRESTLING				
BASKETBALL				
TRACK				
SOCCER				
BASEBALL				
SOFTBALL				
GOLF				
CHEERLEADING				
DRILL TEAM				

DISCIPLINARY HISTORY

1. Have you ever been discharged or asked to resign from a position? __No __Yes
2. Have you been convicted of criminal conduct in the past seven (7) years? __No __Yes, please explain...
3. Have you ever been convicted of an offense involving sexual molestation, physical or sexual abuse, rape of a child or any felony? __No __Yes
4. Have you ever been convicted on a drug or alcohol related charge? __No __Yes

WORK HISTORY

- 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 _____

IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED?

NAME _____ RELATIONSHIP _____

PHONE _____ CELL NUMBER _____

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, 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, John Hasleiet (849-1102 ext. 600), PO Box 296, Center Point, IA 52213. EEO/AA



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 4215-FC
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

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

Phone: (319) 849-1102 ext. 191

Fax: (319) 849-2312

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____