



Independence Community School District
1207 First Street West • Independence, IA 50644 • (319) 334-7400 • www.independence.k12.ia.us

STAFF APPLICATION

Date: _____ E-mail Address: _____

Name: _____
(Last) (First) (Middle Initial)

Former Name(s): _____ Social Security Number: _____

Current Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: () _____ () _____ () _____
(Home) (Work) (Cell)

Employment Information
Check (√) area(s) in which you seek assignment. <input type="checkbox"/> Custodial/Maintenance <input type="checkbox"/> Food Service <input type="checkbox"/> Para-Educator(Associate) <input type="checkbox"/> Transportation/Bus Driver <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____
Check (√) building(s) in which you seek assignment. <input type="checkbox"/> Early Childhood Center <input type="checkbox"/> East Elementary <input type="checkbox"/> West Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Bus Garage <input type="checkbox"/> Central Administration Office
Salary desired: _____
Employment Desired (Check (√) all that apply) <input type="checkbox"/> Full Time Employment <input type="checkbox"/> Part Time Employment <input type="checkbox"/> Substitute Employment
Date Available For Employment: _____
Do you have a valid driver's license allowing you to drive between work sites? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a vehicle that will provide reliable transportation for getting to and from work or between work sites? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a former Independence Community School District Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide job title and dates of employment: _____
Do you have any relatives, including in-laws, who are district employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list: _____

WORK EXPERIENCE

Date Employed (month/year)	Place of Work (include address and phone)	Position and Salary or Wage	Supervisor's Name & Phone Number	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

May we contact your current employer for a reference? Yes No

EDUCATION

	Name and Location of School	Number of Years Attended	Graduated Yes/No
High School			
College(s)			
Trade, Business or Correspondence School			

BACKGROUND INFORMATION

Are you, or have you ever been, listed on a sex offender registry? Yes No

Are you, or have you ever been, listed on a child or dependent adult abuse registry? Yes No

Have you ever been found guilty, accepted a guilty or Alford plea, or entered a plea of no-contest for any criminal charge? Yes No

Have you ever received a deferred judgment, or in some other way had a guilty plea or conviction removed from your record? Yes No

If you answered "yes" to any of the above questions, provide date, incident, specific charge, city/state in which it occurred: _____

Have you ever been asked to resign from a position, or been given the choice of resigning or being terminated from your position? Yes No

Have you ever been the subject of an investigation or other formal/informal proceeding that resulted in the termination of your employment or resignation? Yes No

Have you ever been the subject of an investigation into wrong doing, or other formal/informal proceeding, resulting in disciplinary or criminal action? Yes No

Briefly explain any "yes" response(s): _____

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 or infraction and the position for which you are applying will be considered.

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

Are you able to perform with or without reasonable accommodation, the essential job functions required of the position? Yes No

Do you wish to be considered for veteran's preference? Yes No

IF YES, PLEASE FILL OUT NEXT SECTION.

MILITARY EXPERIENCE

Active Duty: / / to / /	Reserve Duty: / / to / /
Branch:	Branch:
Location of Duty:	Obligation:
Rank at Discharge:	Times of Current Training Day:
Type of Discharge:	
Veteran Status: ___ Gulf ___ Vietnam ___ Korean ___ Iraq ___ None ___ Other: _____	

AGREEMENT

(Read carefully before signing or submitting electronically)

By my signature:

- I hereby certify that the statements made by me in this application and all related information that I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the Employer discovers the errors, omissions, or falsifications.
- I authorize the District to conduct a complete check regarding my background, including, but not limited to criminal record, child and dependent adult abuse registry screening, and sex offender registry. I agree to prepare and sign any other form necessary to complete a criminal background check. I further authorize all government agencies, departments, bureaus, or related entities to release any and all information regarding my criminal history, if any. I agree to immediately notify the District if I should be convicted of any crime while my application is pending, or during my period of employment, if hired.
- I authorize all current and former employers, teachers, and references to release all information regarding my professional competence, performance, character, and background. I waive any right I may have against any person contacted as a reference concerning this application.
- I understand that this application will be considered active for twelve (12) months from the date filed. I further understand that if I am employed by Independence Community Schools, this application and associated documents will become part of my permanent record.
- I understand that this application is not a contract of employment. In accepting the position, if hired, I understand that employment is at will, unless otherwise specified by the Code of Iowa. I acknowledge that the District may discharge an at-will employee at any time for any legal reason or no reason at all.
- I agree to submit to both pre-employment and post-employment random drug and alcohol testing. (Note: This only applies to Bus Drivers as required by the State of Iowa.)

By my electronic submission of this form:

- I attest that all the information contained in this application is accurate, complete, and true.
- I am bound by all elements of the agreement section of the application.
- I understand and accept that electronic submission will be considered equivalent to an original hand written signature on a paper copy of the application.

Name (Print): _____

Signature: _____ Date: _____

The Independence Community School District will select for employment qualified applicants for each position without improper discrimination on the basis of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, ethnic background, age, or disability. Persons with disabilities who can perform the essential functions of an assignment with or without reasonable accommodations shall be considered qualified applicants. The District shall take affirmative action in the recruitment, appointment, assignment and advancement of personnel to accomplish the goals of equal employment opportunity. In keeping with the law, the District shall consider the veteran status of applicants.

Affirmative Action Data

Completion of the following form is entirely voluntary.

Federal and state laws prohibit discrimination based on age, gender, race/national origin, and disability. The data is collected for the purpose of government reporting and administration of the Independence Community School District's Affirmative Action Policy.

Position(s) Applied for:

<input type="checkbox"/> Teaching	<input type="checkbox"/> Administrative
<input type="checkbox"/> Custodial/Maintenance	<input type="checkbox"/> Food Service
<input type="checkbox"/> Para-Educator (Associate)	<input type="checkbox"/> Transportation/Bus Driver
<input type="checkbox"/> Clerical	<input type="checkbox"/> Other: _____

Date of Birth: / /
MM DD YY

Gender: Male Female

Race/National Origin:

<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native American	<input type="checkbox"/> White, Not of Hispanic Origin
<input type="checkbox"/> African American	<input type="checkbox"/> Other: _____

Disability:

Yes _____ None