

***DENVER
COMMUNITY SCHOOL DISTRICT
Non-Certified Application for Employment***

FULL NAME _____
LAST FIRST MIDDLE INITIAL DATE

OTHER NAME(S) _____
PLEASE PROVIDE ANY OTHER NAMES YOU HAVE USED AT ANY TIME

Current Address _____
STREET CITY STATE ZIP

HOW LONG AT CURRENT ADDRESS: TO: _____ FROM: _____

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP

E-MAIL ADDRESS _____

TELEPHONE HOME: (____) _____ CELL: (____) _____

SOCIAL SECURITY NO. _____

NOTE: SOCIAL SECURITY NUMBER IS OPTIONAL AND FAILURE TO SUBMIT IT ON THIS FORM WILL NOT PROHIBIT EMPLOYMENT CONSIDERATION. SOCIAL SECURITY NUMBER MAY BE REQUIRED ON OTHER FORMS BEFORE EMPLOYMENT.

INDICATE POSITION(S) FOR WHICH YOU ARE APPLYING FOR:

- | | | |
|---------------------|-------------------|--------------------------|
| ____ AIDE | ____ SECRETARY | ____ ACCOUNTING/BUSINESS |
| ____ TRANSPORTATION | ____ FOOD SERVICE | ____ OTHER |
| ____ MAINTENANCE | ____ CUSTODIAN | |

TYPE OF EMPLOYMENT DESIRED: FULL-TIME ____ PART-TIME ____ SUBSTITUTE ____

MONTH/DAY/YEAR AVAILABLE FOR EMPLOYMENT: _____

DRIVER’S LICENSE NUMBER (IF REQUIRED FOR POSITION): _____

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? . Yes No

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? . Yes No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? . Yes No
(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

DO YOU HAVE ANY RELATIVE(S) WHO ARE EMPLOYEES OR BOARD MEMBERS IN THE SCHOOL DISTRICT AND CITE RELATIONSHIP:

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?

I. EMPLOYMENT INFORMATION:

LIST YOUR LAST FOUR (4) EMPLOYERS. IF YOU ARE EMPLOYED AT THIS TIME THE FIRST POSITION LISTED SHOULD BE YOUR CURRENT POSITION. INDICATED "DO NOT CONTACT" IF THAT IS YOUR WISH.

FROM: _____ TO: _____ JOB TITLE: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR & TITLE: _____

SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

HOURLY RATE/SALARY: START: \$ _____ PER _____ FINAL: \$ _____ PER _____

FROM: _____ TO: _____ JOB TITLE: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR & TITLE: _____

SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

HOURLY RATE/SALARY: START: \$ _____ PER _____ FINAL: \$ _____ PER _____

FROM: _____ TO: _____ JOB TITLE: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR & TITLE: _____

SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

HOURLY RATE/SALARY: START: \$ _____ PER _____ FINAL: \$ _____ PER _____

FROM: _____ TO: _____ JOB TITLE: _____

EMPLOYER: _____ TELEPHONE: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR & TITLE: _____

SUMMARIZE THE NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

HOURLY RATE/SALARY: START: \$ _____ PER _____ FINAL: \$ _____ PER _____

II. SKILLS AND QUALIFICATIONS

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 DENVER COMMUNITY SCHOOL DISTRICT FOR WHICH YOU APPLIED.

III. EDUCATIONAL BACKGROUND

LEVEL OF EDUCATION	NAME OF SCHOOL 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				

IV. MILITARY EXPERIENCE

BRANCH OF SERVICE	RANK	INCLUSIVE DATES

PROFESSIONAL/CHARACTER 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.

NAME OF REFERENCE	POSITION/RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER
1.			
2.			
3.			

BACKGROUND CHECK AND INFORMATION:

In addition to the following information, a thorough background check may be made at the option of the Denver 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 even 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:

C. 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:

D. 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:

Special Notice - Voluntary Information

To War-Time Veterans:

Iowa Code Chapter 35C requires public employers to inquire whether applicants' served in the military or naval forces during wars or armed conflicts. If an applicant meets certain eligibility criteria, they may be entitled to preference in employment. Please indicate below whether you wish the *Denver Community School District* to determine whether you are qualified for this preference. **Yes** **No**

If you marked "YES," please fill out attached page entitled

Voluntary Information War Time Veteran

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:

The information in this application for employment is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application for employment.

I also understand and acknowledge that any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, may be cause for my rejection from employment or may result in my subsequent dismissal if I am hired.

I understand that before beginning employment I may be required to submit a completed school district physical examination form to the Superintendent for the Denver Community School District.

I understand that all offers of employment are conditioned upon the completion of a satisfactory background check which may include, but is not limited to the following: criminal, child abuse, and DOT record checks, and employment and education verification.

I also understand that before any job offer becomes final, all prospective employees must sign a waiver and release form which gives permission to the District to conduct: 1) Release for Criminal History Records Check, 2) Release for Child Abuse Registry Check, and a Department of Transportation Driver's Record Check.

I further understand that if I accept a position with the Denver Community School District, the statements on this application will become part of my permanent record.

DATE

SIGNATURE OF APPLICANT

The Denver Community School District provides equal opportunity in employment to all persons regardless of age, race, creed, color, sex, national origin, religion or disability.

**DENVER COMMUNITY SCHOOL DISTRICT
P.O. BOX 384
520 LINCOLN STREET
DENVER, IOWA 50622**

VOLUNTARY INFORMATION — VETERAN

If an applicant meets certain eligibility criteria, and there are no other applicants with greater qualifications, an eligible and qualified veteran may be entitled to preference in employment under Iowa Code §35C.1. A veteran is an individual who meets the definition set forth in Iowa Code §35.1.

If the applicant indicates below that he/she is a veteran, the District may perform a background check into the applicant's military service record for verification of eligibility under Chapter 35C.

Refusal to provide this information will not adversely affect your consideration for employment. If you wish to be identified as a veteran, please check any of the categories indicated below that are applicable to your status as a veteran.

I AM AN HONORABLY DISCHARGED CITIZEN AND RESIDENT OF THE STATE OF IOWA, WHO SERVED IN THE ARMED FORCES OF THE UNITED STATES AT SOME TIME DURING THE FOLLOWING DATES:

- World War II from December 7, 1941 through December 31, 1946 or a former member of the active, oceangoing merchant marines who served at any time within those dates and was honorably discharged or a former member of the women's air force service pilots or another person who has been conferred veterans status based on my civilian duties during World War II in accordance with federal Pub. L. No. 95-202, 38 U.S.C. § 106.
- Korean conflict from June 25, 1950 through January 31, 1955 or a former member of the armed forces of the United States and a portion of my time of enlistment occurred within those dates, but I instead opted to serve five years in the reserve forces of the United States, as allowed by federal law, and I was discharged under honorable conditions.
- Vietnam conflict from February 28, 1961 through May 7, 1975.
- Lebanon or Grenada service from August 24, 1982 through July 31, 1984.
- Panama service from December 20, 1989 through January 31, 1990.
- Persian Gulf conflict from August 2, 1990 and ending on the date specified by the President or Congress of the United States as the date of permanent cessation of hostilities.

I am a former member of:

- the reserve forces of the United States who served at least twenty years in the reserve forces after January 28, 1973, and who was discharged under honorable conditions.
- the reserve forces of the United States who completed a minimum aggregate of ninety days of active federal service, other than training, and was discharged under honorable conditions, or was retired under Title X of the United States Code.
- the Iowa national guard who served at least twenty years in the Iowa national guard after January 28, 1973, and who was discharged under honorable conditions.
- the Iowa national guard who was activated for federal duty, other than training, for a minimum aggregate of ninety days, and was discharged under honorable conditions or was retired under Title X of the United States Code.
-

The undersigned, _____, applicant hereby authorizes any veteran, military, or other government agency to provide information which is necessary to verify applicant's eligibility for veterans preference to Denver Community School District, 520 Lincoln Street, P.O. Box 384, Denver, Iowa 50622.

Any information acquired by the Denver Community School District under this authorization shall be for their confidential use only. Furthermore, the Denver Community School District will use the information acquired under this authorization solely to determine the applicant's eligibility for a veterans preference only in the position applied for.

APPLICANT'S SIGNATURE

DATE

**BACKGROUND AND EMPLOYMENT INFORMATION
AUTHORIZATION AND RELEASE**

The undersigned, _____, (hereinafter "Prospective Employee") hereby authorizes any **present** ¹ or **former** ¹ employer to provide information about his/her background for employment purposes to Denver Community School District, 520 Lincoln Street, P.O. Box 384, Denver, Iowa 50622, a prospective employer (hereinafter "Denver"), 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 Denver 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, Denver 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 Denver 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

AFFIRMATIVE ACTION VOLUNTARY INFORMATION
(Completion of Information Below is Voluntary)

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for: _____ Date: _____

REFERRAL SOURCE:

____ Walk in _____ Advertisement – Source _____
____ Employee _____ Government Employment Agency _____
____ School _____ Private Employment Agency _____
____ Relative _____ Other _____

APPLICANT INFORMATION

Name (print): _____ Phone #: _____
 Last First M.I.
Address: _____
 Street City State Zip

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

Race/Ethnic Group: White _____ Black _____ **Gender:** Male _____
American Indian/Alaskan Native _____ Hispanic _____ Female _____
Asian/Pacific Islander _____

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for: _____ Available _____ Not Available
Other positions considered for: _____
Hired: _____ Yes _____ No
Position hired for: _____ Date of hire: _____
From the EEOC job classifications listed below, which one best describes the position filled:
____ Officials and Managers _____ Sales Workers _____ Operatives (semi-skilled)
____ Professionals _____ Office/Clerical Workers _____ Laborers (unskilled)
____ Technicians _____ Craft Workers (skilled) _____ Service Workers

Notes: _____

Completed by _____ Date: _____

Please submit only this form in the self-addressed, stamped envelope provided, do not submit this form with your application.

*Prepared by: Gruhn Law Firm, P.C. all rights reserved (Rev. 12/2004)

Denver Community School District

Disability Survey

Instructions: The following information is being collected for the purpose of statistical reporting and the evaluation of the State's Equal Employment Opportunity and Affirmative Action Programs.

Enter your social security number and answer the question below.

Name _____ Soc. Sec. # _____
(optional)

(Your social security number is requested only as a means of linking the information to specific departments and job categories to be used to report the work force composition.)

Consider the following definition when answering the question. It is based upon language found in Title IV of the Rehabilitation Act of 1973 and implementing regulations, 45 CFR, Part 84.

ANSWER THE FOLLOWING QUESTION BY SELECTING ONE OF THE RESPONSES BELOW.

Do you consider yourself to be, are you regarded as being, or do you have a record of being mentally or physically disabled?

_____ **Yes** _____ **No** _____ **Decline to respond**

Employees who do not complete this form will be coded as decline to respond.

When completed, please fold in half, staple shut, and return to the Superintendent's Office.