



NON-CERTIFIED APPLICATION FOR EMPLOYMENT

Independent School District Of West Burlington
607 Ramsey St.
West Burlington, IA 52655
Ph: 319/752-8747
Fax: 319/754-9382

Personal Information

Date of Application _____ Social Security Number _____

Name _____
Last First Middle

Other Name(s) Used _____

Current Address _____
Street City State Zip

Home Telephone (_____) _____ Work/Other Telephone (_____) _____

Employment Desired

Indicate position(s) which are you applying for:

____ Associate ____ Secretary ____ Accounting/Business
____ Transportation ____ Food Service ____ Other
____ Maintenance ____ Custodial

Type of employment desired:

____ Full-Time Only ____ Part-Time Only ____ Full/Part Time ____ Substitute

Additional Information

Date Available for work _____

Driver's License Number _____ State _____

If you are under 18, can you furnish a work permit?
Yes _____ No _____

Have you ever been employed here before?
Yes _____ No _____

Are you a U.S. Citizen:
Yes _____ No _____

Are you eligible for employment in this country?
Yes _____ No _____

(Proof of U.S. citizenship or immigration status will be required upon employment)

To avoid a conflict of interest, do you have any relative(s) who are employees or board member in the school district? If so, state relationship. _____

Estimate your total absence from work or school for the last three years and explain the reason(s):

Will you require any accommodation in order to perform the essential functions of the position you seek?

Explain: _____

1. Have you been convicted of a criminal conduct in the past seven (7) years? _____ Yes _____ No
 2. Are any criminal charges or proceeding pending against you? _____ Yes _____ No
 3. Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child or any felony? _____ Yes _____ No
 4. Have you ever been convicted of a drug or alcohol related charge? _____ Yes _____ No
- If yes, please explain:

Employment History

List your last four (4) employers, assignments or volunteer activities, including military experience. If you are employed at this time the first position listed should be your current position. Indicate DO NOT CONTACT if that is your wish

Employer _____ Start Date _____ End Date _____

Address _____

Telephone: (_____) _____ Street _____ City _____ State _____ Zip _____
Immediate Supervisor & Title _____

Hourly Rate/Salary Starting \$ _____ Per _____
Ending \$ _____ Per _____

Job Duties _____

Reason for leaving _____

Employer _____ Start Date _____ End Date _____

Address _____

Telephone: (_____) _____ Street _____ City _____ State _____ Zip _____
Immediate Supervisor & Title _____

Hourly Rate/Salary Starting \$ _____ Per _____
Ending \$ _____ Per _____

Job Duties _____

Reason for leaving _____

Employer _____ Start Date _____ End Date _____

Address _____

Telephone: (_____) _____ Street _____ City _____ State _____ Zip _____
Immediate Supervisor & Title _____

Hourly Rate/Salary Starting \$ _____ Per _____
Ending \$ _____ Per _____

Job Duties _____

Reason for leaving _____

Employer _____ Start Date _____ End Date _____

Address _____

Telephone: (_____) _____ Street _____ City _____ State _____ Zip _____
Immediate Supervisor & Title _____

Hourly Rate/Salary Starting \$ _____ Per _____
Ending \$ _____ Per _____

Job Duties _____

Reason for leaving _____

Skills And Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the Independent School District of West Burlington or that you believe would make you a valuable employee.

Educational History

School Name & Address	Years Completed	Did You Graduate? (Please circle)	Course of Study
High School		YES NO	
College		YES NO	
Other/GED		YES NO	

Personal References

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

Name of Reference	Position/Relationship	Mailing Address	Telephone

Military Experience

Branch of Service	Occupational Specialist (MDS)	Inclusive Dates	Types of Discharge

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT INTENTIONAL FALSE STATEMENTS MADE ON THIS APPLICATION WILL ELIMINATE ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR WILL BE GROUNDS FOR DISMISSAL. I AUTHORIZE ALL EMPLOYERS PREVIOUSLY AUTHORIZED IN THIS APPLICATION TO CONDUCT OR PARTICIPATE ANY INVESTIGATION OF MY PERSONAL BACKGROUND, CRIMINAL BACKGROUND, EMPLOYMENT REFERENCES, EDUCATIONAL REFERENCES, MILITARY REFERENCES AND POLICY RECORD AS MAY BE NECESSARY TO VERIFY THE INFORMATION PROVIDED IN MY EMPLOYMENT APPLICATION AND TO DETERMINE MY FITNESS TO HOLD THE POSITION FOR WHICH I HAVE APPLIED. IF I AM CHOSEN FOR AN INTERVIEW I UNDERSTAND I MAY HAVE TO SIGN A RELEASE FOR FORMER EMPLOYER(S) TO PROVIDE INFORMATION.

Signature of Applicant _____ Date _____

It is the policy of the Independent School District of West Burlington not to discriminate in its employment practices on the basis of race, color, creed, national origin, age, gender, disability, religion, marital status, sexual orientation, and gender identity. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position for which the application has been made.

Employment Information Authorization And Release

I, the undersigned _____, (hereafter Prospective Employee) hereby authorize any former employer to provide information about my employment to the Independent School District of West Burlington, a prospective employer (hereinafter District), 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, and other information pertinent to the position which the applicant has applied.

Any information acquired by the 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 District receiving such information shall use the information acquired under this authorization solely to determine the applicant's fitness for the position available or to verify credentials claimed 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 a prospective employer. 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 from any and all claims resulting from or due to the release of information arising under: State Civil Rights Statutes: Title VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991; the Americans with Disabilities Act; breach of contract; interference with contractual relations; unintentional misrepresentation; any 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)

(Date)

SECRETARY/CLERK/ASSOCIATE SUPPLEMENT

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Name _____
Last First (Please Print)

PERSONAL INFORMATION:

1. Will you require any accommodation to perform the position for which you are applying?

Yes ____ No ____ If yes, please describe: _____

2. Describe your experience working with or around school age children.

3. Describe significant qualities and abilities you have that would make you the best person for this position.

4. What do you expect from the position for which you are applying?

5. If you are working in a school or District office position, what do you view as your most important duty?

6. Describe anything about yourself that you believe is important for the District to consider when making the decision whether to hire you vs. some other applicant.

SECRETARY/CLERK/ASSOCIATE SUPPLEMENT

SKILLS

1. Typing/word processing skills:

Level of Ability: Beginner_____ Moderate_____ Advanced _____

Rate Per Minute _____ Accuracy _____

2. Computer skills:

Software	Level of Ability		
	Beginner	Moderate	Advanced
Microsoft Word	_____	_____	_____
Microsoft Access	_____	_____	_____
Microsoft Excel	_____	_____	_____
Microsoft Powerpoint	_____	_____	_____
Pagemaker	_____	_____	_____
WOS/Data Team Accounting	_____	_____	_____
Other Accounting (Specify)	_____	_____	_____

3. Other office skills:

	Level of Ability		
	Beginner	Moderate	Advanced
Dictation	_____	_____	_____
Copier Utilization	_____	_____	_____

4. List other skills or abilities useful to a school:

Please attach a resume or other information that you feel will be helpful to your application.

Signature

Date