

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 offense other than a minor traffic violation?
 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, Jon 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: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	