

CLARKSVILLE COMMUNITY SCHOOL DISTRICT EMPLOYMENT APPLICATION

Please fill in all blanks or circle yes/no. If information required is not applicable, please fill in by placing an N/A in that blank. Please make copies (keep your originals) of all materials that you submit.

Application Date: _____ Date Available: _____

Name: _____ Social Security #: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Position(s) for which you are applying: _____

Are you willing to substitute? **Yes No**

With or without reasonable accommodation (modification) are you able to perform the essential job functions required of this position?: **Yes No**

If no, please explain: _____

Have you ever previously worked for Clarksville Community School District? **Yes No**
(If yes, list dates/position) _____

Will you work any shift or day of the week? **Yes No** (Please indicate preference)

Have you served in the U.S. Military? **Yes No**
(If yes, please list branch, dates, rank, location of duty and discharge status.) _____

Have you ever been charged, admitted to, plead no contest to or have been convicted of a felony or misdemeanor (excluding traffic violations): **Yes No**

If yes, please provide date, incident, city (county)/state of charge: _____

Are you listed on a sex offender registry? **Yes No**

Are you listed on the Department of Human Services' Child Abuse Registry? **Yes No**

Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment or physical abuse? **Yes No**

Please explain: _____

Have you ever terminated your employment or had your employment terminated for reasons relating to illegal activities or claims of sexual abuse or physical abuse? **Yes No**

Please explain: _____

PLEASE NOTE: 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 and the position for which you are applying will be considered.

Education (Please list your educational background including dates and diplomas/degrees earned beginning with high school. Also, list any advanced education or special training/licenses):

<p>High School:</p> <p>College:</p> <p>Special Training/Licenses:</p>
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Work Experience (List your work/qualifying experiences for the previous 10 years, starting with the most recent - place additional on back). If you do not want your current employer contacted, please indicate).

Employer: _____ **Dates Employed:** _____
Address: _____ **City/State/Zip:** _____
Position: _____ **Supervisor's Name/Phone:** _____
Duties/Responsibilities/Skills: _____
Reason For Leaving: _____

Employer: _____ **Dates Employed:** _____
Address: _____ **City/State/Zip:** _____
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Reason For Leaving: _____

Employer: _____ **Dates Employed:** _____
Address: _____ **City/State/Zip:** _____
Position: _____ **Supervisor's Name/Phone:** _____
Duties/Responsibilities/Skills: _____
Reason For Leaving: _____

Please list any special skills applicable to the job(s) for which you are applying. _____

Professional References (List at least three related to employment – place additional references on back of page):

Reference's Name: _____ Work/Home Phone _____
Address: _____ City/State/Zip: _____
Relationship: _____

Reference's Name: _____ Work/Home Phone _____
Address: _____ City/State/Zip: _____
Relationship: _____

Reference's Name: _____ Work/Home Phone _____
Address: _____ City/State/Zip: _____
Relationship: _____

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I understand that prior to employment, a criminal background check, including the list of sex offenders and the child abuse registry will be done.

I authorize all current and former employers to release any information concerning my background.

I understand that this application is not a contract of employment. I understand that within the first thirty (30) days of employment a physical along with other required training must be completed. I also understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S citizen status or their legal authorization to work in the U.S.

Signature: _____ Date: _____

The position you are applying for may require additional questions/information that should be returned with this application form. Please return to: HR Director, Clarksville Community School District, 318 N Mather, Clarksville, IA 50619.

Students, parents, employees and others doing business with or performing services for the Clarksville Community School District are hereby notified that this school district does not discriminate on the basis of race, color, age (for employment), religion, national origin, creed, sex, marital status, sexual orientation, gender identity or disability and socioeconomic status in admission or access to, or treatment in, its programs and activities.

It is the policy of the Clarksville Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Eric Eckerman, Equity Coordinator, 318 N Mather St, Clarksville, IA 50619, 319-278-4560, eeckerman@clarksville.k12.ia.us.