

APPLICATION

Lamoni Community School District

202 North Walnut Street, Lamoni, IA 50140-1198

Phone 641-784-3342 Fax 641-784-6548

PERSONAL

Name _____ Date _____

Street Address _____ Social Security No. _____

City, State, Zip _____ Email address _____

Telephone No. _____ Cell Phone No. _____

Position Applied For _____ State age if under 18 _____

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration Status? _____ Yes _____ No

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

Do any of your relatives work here? _____ Yes _____ No

If yes, list name(s) _____

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been convicted of a felony or any offense involving moral turpitude? _____ Yes _____ No

REFERENCES (Not Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in U. S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ to _____ Rank at discharge _____
Month/Day/Year Month/Day/Year

EDUCATION

School	Name/Address	Level completed	Did You Graduate?	Diploma or Degree
High				
College				

Honors Received: _____

If applicable, Iowa Certification endorsements, approvals held, and Certificate folder number _____

If applicable, list subject areas in which you are certified and qualified to teach _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

Employer: _____
Address: _____
Supervisor: _____ Phone: _____
Dates _____ Position: _____
Duties and responsibilities: _____

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Summarize special skills and qualifications acquired from employment or other experience: _____

Professional Organizations: _____

It is the policy of the Lamoni 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 processing complaints of discrimination. If you have questions or a grievance related to this policy please contact: Guidance Counselor 202 N Walnut Lamoni, Iowa 50140 641-784-3351

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, including past and present work history, education, character references, and military or police record inquiries to determine my acceptability for employment. I understand that false, misleading or willful omissions of information given in my application or interview(s) may be sufficient cause for disqualification of this application or termination of employment. I understand, also, that I am required to abide by all rules and regulations of the agency.

Signature of Applicant

Date

**LAMONI COMMUNITY SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF REFERRAL INFORMATION**

APPLICANT'S NAME _____

As an applicant for a position at Lamoni Community School, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information from any referral source is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. The Lamoni Community School may retain this copy of my release for the school files. Thank you for your assistance.

Signature _____ Date _____

Witness _____ Date _____

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LAMONI COMMUNITY SCHOOL DISTRICT

ALL APPLICANTS

Supplemental Application for Employment

The following information is compiled to assist in the completion of forms to verify equal employment. THIS FORM IS NOT USED DURING THE INTERVIEWING PROCESS NOR IS IT REVIEWED BY ANY MEMBER OF THE INTERVIEWING TEAM. It is to be retained in a separate file in the office of employee relations.

Date _____

Name _____ Position Applied For _____

Address _____ Phone _____

Social Security Number _____ Date of Birth _____
Month Day Year

Gender _____

Check One:

Are you Hispanic/Latino? _____ No not Hispanic/Latino _____ Yes, Hispanic/Latino

What is your race? (Choose one or more)

- American Indian or Alaska Native _____
- Asian _____
- Black or African American _____
- Native Hawaiian or Pacific Islander _____
- White _____

Citizen of the United States? Yes _____ No _____

If not, what is your status in this country? _____

Disability (list any condition which may qualify you as a disabled person): _____

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