

West Sioux Community School

SUPPORT STAFF APPLICATION FOR EMPLOYMENT



Position Applied For: _____

A. PERSONAL INFORMATION (please respond to each item electronically)

Last Name	First Name	MI

Cell Phone	E-Mail Address

Work Phone	Home Phone	Date Application Submitted

Home Address	City, State, ZIP

Work Address	City, State, ZIP

B. CURRENT POSITION (please respond to each item)

(Present Title)	(Current Position Held Since Which Year)

Employer
Employer Address
City, State, Zip

Please list the colleges or universities you have attended and the degrees received. List them in order, beginning with the most recent.

Name/Location of Institution	Year (s)	Degree	Major

D. EMPLOYMENT OR EXPERIENCE

Position	Employer	City and State	Specific Years Employed

(Please explain any gaps in employment—or other relevant employment details.)

E. COMPLETE FOR CUSTODIAL/MAINTENANCE POSITIONS:

If you have experience with any of the following, please check:

- ☐ Carpenter Work
- ☐ Cement Work
- ☐ Electrical Work
- ☐ Grounds Care
- ☐ Plumbing
- ☐ Painting

F. COMPLETE FOR BUS DRIVER POSITIONS:

Driver's License No. _____ Chauffeur's License No. _____

Has your driver's license ever been suspended or revoked? _____ Yes _____ No

Do you use intoxicants? _____ Yes _____ No To what degree? _____

Have you had a vehicle accident in the last three years? _____ Yes _____ No

Have you had a traffic violation in the last three years? _____Yes _____No

F. COMPLETE FOR FOOD SERVICE POSITIONS:

Please indicate interest and experience in the following:

	Interested (Y/N)	Experienced (Y/N)
o Preparation of food	_____	_____
o Use of commercial equipment (Such as ovens, dishwasher, large equipment)	_____	_____
o Serving food	_____	_____
o Cleaning of food preparation area	_____	_____

G. COMPLETE FOR TEACHER ASSOCIATE POSITIONS:

What special experience have you had which would assist you in a position as a teacher's associate in the West Sioux Community Schools?

--

H. COMPLETE FOR SECRETARIAL POSITIONS:

What special experience have you had which would assist you in a position as a secretary in the West Sioux community Schools? Indicate office equipment/software programs you have experience with.

--

I. REFERENCES

Please list three individuals who are very familiar with your professional work and who may be contacted.

Name of Individual	
Official Title/Position	
Work/Business Phone	
Cell/Home Phone	
Email Address	

Name of Individual	
Official Title/Position	

Work/Business Phone	
Cell/Home Phone	
Email Address	

Name of Individual	
Official Title/Position	
Work/Business Phone	
Cell/Home Phone	
Email Address	

J. MISCELLANEOUS

List any honors, leadership positions or other recognitions received.

K. BACKGROUND INFORMATION—If you answer “yes” to any of the following questions, please attach a written response describing, in detail, an explanation of the circumstances involved:

Have you ever been convicted of a violation of law other than a minor traffic violation? (The term “conviction” includes any conviction, a guilty plea, a plea of nolo contendere or no contest, a suspended sentence, a deferred sentence, a deferred judgment, or a finding of guilt by a jury or judge.)

_____ yes _____ no

Have you ever been terminated or discharged, or resigned at the request of your employer from any job related to K-12 education?

_____ yes _____ no

In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?

_____ yes _____ no

Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?

_____ yes _____ no

Has there been any incident that could negatively affect your ability to serve this District?

_____ yes _____ no

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.

L. SERVICE RECORD:

Did you serve in the United States Armed Forces: ____YES ____NO

If yes, dates of service:_____ Branch of Service_____

Discharge status: Honorable_____ Other_____

M. AUTHORIZATION—Please read carefully and then sign your name if you agree to the terms.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, my own work product, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the District discovers the violation of its policy regarding application form dishonesty. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background.

Signature (Type) of Applicant	Date

All persons who apply, are interviewed and become a finalist for a position will be expected to sign a waiver for any or all of these agencies: National Criminal History (FBI); Iowa Criminal History (DCI); Department of Human Services; and Department of Transportation. The finalist will be expected to complete a physical. The information obtained within the reports will be used to determine employment.

For more information, please visit our website:

www.westsioxschools.org

GO FALCONS!

