

Essex Community School District

Employment Application

111 Forbes Street
Essex, IA 51638
712-379-3114 (fax 712-379-3200)



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

An Equal Opportunity Employer

(Please print or type)

Date: _____

Name: _____

Last

First

Middle

Address: _____

(Number and Street)

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Email Address: _____

Social Security Number: _____

Are you legally able to work in the United States? ☐ Yes ☐ No

Position Desired:

First Choice: _____

Second Choice: _____

Third Choice: _____

Total years experience: _____

Have you filed an application with us before? ____ no ____ yes

If yes, give date _____

This application will remain on file for one year from the date of application only; it must be renewed if further consideration for a position is desired.

EDUCATION:

	School Name	Location City, State	Dates Attended	Diploma or Degree
High School				
College/University				
Business/Trade				
Other				

*"If you did not receive a degree, indicate the number of college hours attained: _____
Please attach your college transcript with this application IF it has not been sent to us.*

WORK EXPERIENCE:

List most recent experience first. Use a separate sheet if necessary. Indicated any skills, experience or training {military, on the job, or other} you have received which will assist the District in placing you.

From	To	Number of Years	Name/Address of Employer	Immediate Supervisor	Job Description

REFERENCES:

Full Name of Reference	Position	City/State	Office Phone	Home Phone

If you have a relative who works for this District or who serves as a member of the Board of Directors, please give the name and address and describe your relationship:

**CERTIFIED ELEMENTARY/ SECONDARY CANDIDATES/ SUBSTITUTE TEACHERS and
PARAPROFESSIONALS (teacher aides):**

List endorsements to your state certificate below	Certified Teaching Fields	Sem. Hrs.

Area of specialization: _____

(Must have at least 18 semester hours)

Type of certificate held: ___Professional ___Provisional ___None

If certified in another state, indicate which state and type of certificate held: _____

If you do not have a valid state certificate, what do you lack? _____

Grade or subject in which you did student teaching: _____

CLASSIFIED POSITION APPLICANTS:

Position for which applying:

- ☐ Custodian ☐ Paraprofessional (teacher aide) ☐ Secretary
☐ Cook ☐ Bus Driver ☐ Other (Specify):__

SECRETARIAL/ CLERICAL APPLICANTS and SUBSTITUTES:

Do you type? ☐Yes ☐No

Number of words per minute:___

Please list below any additional office machines/computer software with which you have had experience.

Type of Machine or Software	Years of Experience

FOR ALL APPLICANTS:

List any additional information you think would be helpful concerning your knowledge, skills, and experience related to the job for which you are applying.

Briefly state what you feel you can contribute as an employee for the **Essex Community School District** in the position for which you are applying.

STATEMENT:

The District strives to select qualified applicants who will serve as positive role models for students.

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 and received probation?

☐ Yes ☐ No

If yes, please explain:

Has any court ever received a plea of guilty or a plea of *nolo contendere* from you for any offense involving moral turpitude, deferred proceedings without entering a finding of guilty and placed you on probation?

☐ Yes ☐ No

If yes, please explain:

Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position or why did you leave your last position?

Have you ever been involuntarily terminated or asked to resign from the employment of another school district?

☐ Yes ☐ No

If yes, please give the name of the district, the date and the reason for termination or request for resignation:

Are you able to perform the essential job duties required of the position for which you are making an application, with or without reasonable accommodation?

☐ Yes ☐ No

If no, please explain:

AGREEMENT:

I hereby certify that the previous information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of act shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

Signature of Applicant

TOBACCO-FREE ENVIRONMENT POLICY

Consistent with the board Wellness Policy and in order to maintain the health of students, employees and visitors, tobacco use is prohibited in school district facilities, including school vehicles, and on school grounds. This policy applies at all times, including school-sponsored and non-school sponsored events. Persons failing to abide by this request are required to dispose of their tobacco material or leave the school district premises immediately. It is the responsibility of the administration to enforce this policy. Note: According to federal law, all indoor facilities used for instructional services must be smoke-free at all times.

I hereby certify that I have read and understand the District Tobacco-free Environment Policy and agree to abide by the regulations stated above. I also understand that failure to abide by this policy is sufficient cause for termination if I am employed by the District.

Signature of Applicant

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment and release those supplying any information from all liability.

Signature of Applicant

BUS DRIVER APPLICATIONS ONLY:

I understand that any offer of employment with the District is contingent upon my passing any required drug and alcohol test.

Signature of Applicant

