

OA and BCIG COMMUNITY SCHOOL DISTRICTS

600 MAPLE STREET
ODEBOLT IA 51458
(712) 668-2289

900 JOHN MONTGOMERY DRIVE
IDA GROVE IA 51445
(712) 364-3687

APPLICATION FOR SUPPORT STAFF EMPLOYMENT

PLEASE TYPE OR PRINT:

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____ SOCIAL SECURITY # _____

HOME PHONE # _____ CELL PHONE #: _____

Email address: _____

POSITION APPLIED FOR: _____ LOCATION: _____

Describe your qualifications, certifications, licenses, if applicable, and experience for this position:

IF BUS DRIVER: Iowa Chauffeur's License ? _____ If yes, Number _____

Expiration date: _____

RECORD OF EDUCATION

<u>LEVEL</u>	<u>NAME & ADDRESS OF SCHOOL</u>	<u>YEARS</u>	<u>GRADUATE?</u>
Elementary	_____		
High School	_____		
College	_____		
Other	_____		

PERSONAL REFERENCES

	<u>NAME & ADDRESS</u>	<u>OCCUPATION</u>	<u>PHONE</u>	<u>YRS. KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

EMPLOYMENT HISTORY

Please list below all present and past employment, beginning with your most recent.

1. COMPANY NAME & ADDRESS: _____
SUPERVISOR: _____ SALARY: _____
DATES EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____
2. COMPANY NAME & ADDRESS: _____
SUPERVISOR: _____ SALARY: _____
DATES EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____
3. COMPANY NAME & ADDRESS: _____
SUPERVISOR: _____ SALARY: _____
DATES EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____
4. COMPANY NAME & ADDRESS: _____
SUPERVISOR: _____ SALARY: _____
DATES EMPLOYED FROM: _____ TO: _____
REASON FOR LEAVING: _____

Please account for any lapses in dates between employment. Continue list of employment on additional sheet of paper if necessary.

Please use this space to summarize any additional experience and/or skills you may have.

RECORD OF MILITARY DUTY

Active Duty: _____ to _____ Reserve Duty: _____
Branch: _____ Branch: _____
Location of Duty: _____ Obligation: _____
Rank at Discharge: _____ Times of Current Training Duty: _____
Type of Discharge: _____

YOU MAY ATTACH A RESUME IF YOU WISH

PLEASE ATTACH A COPY OF ANY CERTIFICATES OR LICENSES WHICH PERTAIN TO THIS POSITION.

Background Check and Information

In addition to the following information, a thorough background check may be made at the option of the OA-BCIG School Districts.

If additional space is needed, begin your explanation here and attach additional sheets and clearly identify as Background Check and Information: A and B, respectively:

“YES” answers to the following questions will not necessarily result in denial of an offer of employment. The OA-BCIG School Districts will consider all the circumstances, including the date and nature of events that have led to the actions described below. Your written explanation will assist the board in determining your eligibility and suitability for an offer of employment.

- A. Have you ever been convicted of, admitted committing, pleaded no contest, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of intoxication or reckless driving)? You must answer “YES” if true, even if the matter was later dismissed, deferred, reversed, or vacated. If you answer “YES” you must provide dates of the proceedings, the name and address of the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

___ Yes ___ No

Explanation: _____

- B. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “YES” if true, even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES” you must provide the dates of proceedings, name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

___ Yes ___ No

Explanation: _____

VERIFICATION STATEMENT

(Please read carefully and sign the statement below)

The information in the Application for Employment is true, correct and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application for employment. I acknowledge that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, may be the cause for my rejection from employment or may result in my subsequent dismissal if I am hired.

SIGNATURE OF APPLICANT

DATE

Please direct all inquiries, applications, and supporting materials to:

**DR. TERRY KENEALY, SUPERINTENDENT
OA and BCIG COMMUNITY SCHOOL DISTRICTS**

600 MAPLE STREET
ODEBOLT, IOWA 51458
Phone: 712-668-2289
Fax: 712/668/2631

900 JOHN MONTGOMERY DRIVE
IDA GROVE, IOWA 51445
Phone: 712-364-3687
Fax: 712/364/3609

E-Mail: tkenealy@oabcig.org

It is the policy of the Odebolt-Arthur and the Battle Creek-Ida Grove Community School Districts not to illegally 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 the district's Equity Coordinator, Alan Henderson, BCIG Elementary Principal, 403 Barnes Street, Ida Grove, Iowa 51445, phone number: 712-364-2360 and email address: ahenderson@oabcig.org.

Thank you for your interest.

FOR OFFICE USE ONLY

Received _____

Contract Issued _____

Acknowledged _____

Assignment _____

Interview Date(s) _____

Building _____

Salary _____