

Earlham Community School District
P.O. Box 430
Earlham, Iowa 50072

APPLICATION FOR EMPLOYMENT

Personal Information

Phone #: _____ **Alt. Phone #:** _____ **Date:** _____

Name _____
Last *First* *Middle*

Present Address _____
Street *City, State, Zip*

Mailing Address _____
Street *City, State, Zip*

Permanent Address _____
Street *City, State, Zip*

Employment Desired

Position: _____ **Date Available:** _____ **Salary:** _____

Employed Now? _____ **May We Inquire of your Present Employer?** _____

Date/Month/Year	Name & Address of Employer	Salary	Position	Reason Left
From				
To				
From				
To				
From				
To				
From				
To				

Education

High School/College/Trade	Name & Location	Years Attended	Graduation Date	Degree

Moral turpitude is an act of baseness, vileness, depravity in the private or 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 person, 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 moral turpitude? _____ If yes, explain.

Conviction of a crime doesn't mean that you won't be considered for the position. The district will consider the circumstances of the conviction.

What special qualities do you have that qualify you for this position? _____

References: Give below the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Business	Telephone Number

Physical Record: Is there any reason you may not be able to perform the duties of the job which you are applying for? _____

Veteran Information: Are you a veteran? _____
Please list dates which you served: From: _____ To: _____

Work Authority: Are you a citizen of the United States of America, or are you an alien in the United States with authorization to work? _____ (yes or no)

Iowa's Open Meetings/Records Law: (Please answer the following)

1. Do you consider your application to be a confidential document not subject to public review? _____ Yes _____ No
2. Do you wish to have your application materials considered in an open or closed session of the board? _____ Open _____ Closed
3. If you are interviewed for this position, do you wish to have the interview and deliberations of the board in an open or closed session of the board?
_____ Open _____ Closed

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date: _____

Signature: _____



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

