

APPLICATION

FOR

EMPLOYMENT

DURANT COMMUNITY SCHOOL DISTRICT
408 7th St.

DURANT, IOWA 52747

DATE: _____

DATE AVAILABLE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ E-MAIL: _____

POSITION APPLIED FOR: _____

CO-CURRICULAR ACTIVITIES DESIRED: _____

AN EQUAL EMPLOYMENT OPPORTUNITY
AND
AFFIRMATIVE ACTION EMPLOYER

APPLICATION FOR EMPLOYMENT

DURANT COMMUNITY SCHOOL DISTRICT
408 7th St., PO BOX 607
DURANT, IA 52747

Are you eligible to work in the United States? _____

Are you available full time for the position which you are applying? _____

Are you willing to consider less than full time? _____

Are you under a teaching contract for next year? _____

Have you applied for your Iowa Teacher License? _____

Do you hold a license from another state? _____ If so, which state? _____

Have you previously held a licensed position in an Iowa public school? _____ Which District? _____

Have you successfully completed an official probationary period in a public school district? _____

If yes, what was the length of the probationary period? _____

Have you successfully completed a mentoring and induction program? _____

If yes, when? _____

If no, have you completed:

- a. One Year
- b. Two years but have been recommended for a third year
- c. Three years and am not being recommended for a professional license.
- d. None

Have you ever had a teaching or other professional license revoked? Yes No If yes, explain:

Are you on a sex offender registry? _____

Are you on the Department of Human Services' child abuse registry? _____

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? Please provide date, incident, city/state of charge:

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.

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? _____

If no, explain:

Have you served in the Military? _____

If yes, in what wars and/or conflicts did you serve?

EDUCATIONAL TRAINING

	School Attended	Location	Dates Attended	Graduation	Major	Minor
High School						
College and/or University						

Highest Degree Earned: _____

Graduate hours beyond highest degree earned: _____

TEACHING EXPERIENCE

List Most Recent Experience First, Include Student Teaching

Dates From-To	Name of School Supervisor's Name & Telephone Number	Location	Subjects Taught Or Position Held	Reason For Leaving

CERTIFICATION

Teaching certificate title: _____ Date issued: _____

Iowa Folder Number: _____ Endorsements/Approvals (including coaching authorization) _____

College Activities: _____

Honors Received: _____

Hobbies/Travel: _____

Professional Organizations in which you do and/or expect to maintain active membership: _____

Professional Activities: _____

OTHER WORK EXPERIENCE

Dates From-To	Name and City of Employer	Type of Work	Reason for Leaving

REFERENCES

(Give three references that have knowledge of your scholarship and teaching ability)

Name and position	Address	Phone Number

Have you ever been refused re-appointment?_____ If yes, when?_____

State Reason:_____

GENERAL INFORMATION

1. A personal interview is required before an applicant can be recommended for election.
2. If elected, the applicant agrees to accept assignments to subjects and activities made by the superintendent and school board.
3. Approved teaching and health certificates are required to validate contract.
4. Upon the acceptance of a contract the applicant must provide a complete transcript of credits.

Individuals who file an application with Durant Community School District will be given consideration for employment if they meet or exceed the qualifications set by the board, administration, and Iowa Department of Education for the position for which they apply. In employing individuals, the board will consider the qualifications, credentials, and records of the applicants without regard to race, color, creed, sex, national origin, religion, age or disability.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at will.

Signature

Date

The Durant Community School District will conduct background checks through:

The Board of Educational Examiners,
State and National Criminal History,
Sex Offender Registry,
Child Abuse Registry,
Department of Criminal Investigations,
Iowa Association of School Boards

Prior to employment with the Durant Community School District the employee must sign a waiver for the school district to conduct a review of the child abuse information registry. The school district also requests the employee sign this form which will affirm that this individual was informed that the school district would be conducting a background check. The school district will review the reports before making a final decision on employment of the individual.

Potential Employee's Signature

Date

If you feel you have been discriminated against in your application or consideration for employment, you may initiate our grievance procedure by contacting the Superintendent of Schools, Durant Community School District, 408 7th St., PO Box 607, Durant, Iowa, 52747, (563) 785-4432.

6. When you think about your students, in what major ways do you most want to influence their lives?
7. What two core teaching strategies do you use most to achieve this result?
8. Along with excellence as an educator, in what other ways might you serve our students and the school district?
9. Please add any personal statement or final comment you would want the interview team to consider.

DURANT COMMUNITY SCHOOL DISTRICT

Applicant should keep this page for reference.

Do not return this page with your application form

To All Applicants:

We are often asked questions about the status of applications and how we go about our screening, interviewing and hiring process. Understanding our process will eliminate the need for you to call to inquire the status of your application.

Applications are made available to principals and/or other supervisors who are most directly involved in the interview process. The principal, with the possible aid of an interview team, will determine which applicants will be formally interviewed. You will be called by the principal if you are selected to be interviewed.

The principal may begin interviews as soon as completed applications are received. This process might begin before the due date for all applications.

Once applicants have been screened and interviewed, the principal recommends a candidate to the Superintendent. The Superintendent then meets with the person selected to sign a contract.

Interviews are only given for existing vacancies. Only those candidates interviewed are notified when the position is filled.

We appreciate your interest in employment with Durant Community School District.

Your checklist for a complete application packet:

- _____ Letter of Application and Resume'
- _____ Employment Application Form
- _____ Transcript(s)
- _____ Credentials (including letters of reference)



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: _____

DURANT COMMUNITY SCHOOLS
408 7th St.
DURANT, IOWA 52747

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 _____

Iowa Criminal History Record Check Results

As of _____, a search of the provided name and date of birth revealed:

- ☐ No Iowa Criminal History Record found with DCI
- ☐ Iowa Criminal History Record attached, DCI # _____

DCI initials _____

(DCI use only)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com], another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

PLEASE PRINT LEGIBLY

• Last Name _____ First _____ Middle _____
• Other Names/Alias _____
• Social Security #* _____ Date of Birth* (MM/DD/YYYY) _____
Driver's License # _____ State of Driver's License _____
• Present Address _____ Phone Number _____
• City/State/Zip _____
All Previous Addresses in the Last Seven Years _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used for any other purpose.



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

☐ Child Abuse Registry ☐ Dependent Adult Abuse Registry ☒ Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

☐ Address ☐ Fax ☒ Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last		First	Agency Name		Telephone Number
			One Source the Background Check Company		(800) 608-3645
Address					Fax Number
PO Box 24148					(800) 929-8117
City		State	Zip Code	Email	
Omaha		NE	68124	iaregistry@onesourcebackground.com	
List the name and address of the person whose information is being requested:					
Name (last, first, middle)			Birth Date	Social Security Number	
Address		City	County	State	Zip Code
List maiden name, previous married names, and any alias:					
What is the purpose of your request for child or dependent adult abuse information?					
Employment					
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.					
Signature of Requestor				Date	
Nick Jasa					

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

- ☐ The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- ☐ The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- ☐ The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
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Comments

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: One Source The Background Check Company

Company Address: 10842 Old Mill Rd, Suite 6, Omaha, NE 68154

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Computer Information Development LLC
713 W. Duarte Rd #106, Arcadia, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

TEAR OFF _____

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>