

State of Iowa Standard Teacher Employment Application

Application Date: _____

•			Date Available	2:		
Name:	Social Security #:					
J.S. Citizen:	Are you	Are you legally eligible to work in the United States?				
Current Home Phone	Work Phone:					
Current Address:						
Permanent Address: _		P	ermanent Phone:			
Position(s) for which	you are applying:					
Are you available full	ning contract for ne	•				
Where?						
College	Location	Number of Hours Beyond Highest Degree	Degree Major & Minor Fields	Dates Attended Graduated		
High School Attended:						
Have you applied for your Iowa Teacher License?		Iowa Folder Number:				
Do you hold a license from another state?		If so, which state(s)?				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ved (include coaching			

Education and/or other Employment (begin with current/most recent) *Teachers may include paid or volunteer activities other than classroom teaching and new teachers should include student teaching and other field experiences.

School District/Employer:			
Address:			
Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (includ	le coaching and/or	extracurricular activities):	
Reason for Leaving:			
School District/Employer:			
Address:			
Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (includ		extracurricular activities):	
Reason for Leaving:			
School District/Employer:			
Address:			
Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (includ	le coaching and/or	extracurricular activities):	
Reason for Leaving:			

Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (in	clude coaching and	/or extracurricular activities):	
Reason for Leaving:			
School District/Employer:			
Address:			
		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (in	clude coaching and	or extracurricular activities):	
• •			
Address:			
		Phone:	
Supervisor's Name:			
Supervisor's Name:	to	Phone: Position:	
Supervisor's Name: Dates of Experience:	to	Phone: Position:	
Supervisor's Name: Dates of Experience:	to	Phone: Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in	to	Phone: Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in Reason for Leaving: Military:	to	Phone: Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in Reason for Leaving: Military:	toto	Phone:Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in Reason for Leaving: Military:	toto	Phone:Position:	

References: List at least three who have evaluated your teaching skills and abilities.

Name	Employer & Address	Position	Phone: Work and Home
Have you previously hel	d a licensed position in an Iov	va public school?	
District?			
If yes, have you successfu	ally completed an official proba	tionary period in a publ	lic school district?
If yes, what was	the length of the probationary	period?	
Are you on a sex offende	er registry?		
Are you on the Departm	ent of Human Services' child	abuse registry?	
Have you ever been con	victed of a felony or misdeme	anor (excluding traffic	violations)?
If yes, please provide da	te, incident city/state of charg	e:	
	, ,		
	of the previous questions is a ionship between the offense a		
considered.			
Are you able to perform of this position?	, with or without reasonable a	ccommodation, the ess	sential job functions required
If no, explain:			

Authorization and Verification

I hereby authorize that my former and/or current employer(s), professional colleagues, instructors or friends may provide any information requested by the search committee of the West Hancock Community School District regarding my professional competence, performance and character.

I hereby certify that all application statements are true and complete to the best of my knowledge, and that, if employed, false statements herein shall be sufficient cause for dismissal. I understand that before any contract becomes effective or compensation is possible, a valid **Iowa Teaching License** must be filed with the Superintendent. I also understand that all employees are required to have a **physical examination** as a condition of employment. I further understand that if I accept a position with the West Hancock Community School District, these statements are to become a part of my permanent record. In addition, because of the tremendous responsibility the West Hancock Community School District has to its students and their families, I understand that a **criminal background check** will be conducted.

Signature of Applicant	Date
Please print your name	

AFFIRMATIVE ACTION INFORMATION

Completion of this form is optional. However, we would appreciate it if you would supply the requested information. In order to comply with regulations established by the U.S. Equal Employment Opportunity commission, the Office of Civil Rights in the U.S. Department of Education, Iowa Code 19B.11 and I.A.C. 281-ch.95, the District must report statistical summaries of the information requested. The information is used for this purpose and other affirmative action purposes only.

	Section I
	C. Black, not of Hispanic origin D. Asian or Pacific Islander E. Letine or Hispania
	Section II
Vietnam Era V P Advertis	Yes No ran (any era): Yes No No Yeteran (1964-1975) Yes No Section III Section III lease check the source from which you learned of this position. ement in newspaper, professional journal, newsletter or job registry, g Workforce Center of Iowa.
Please ir Position	announcement at school contact by District
Name:	Date:
Position Soug	ht:

An Affirmative Action, Equal Opportunity Employer

The West Hancock Community School District does not discriminate based on race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age, marital status, or disability. Inquiries may be directed to the Superintendent, 510 9th Ave. SW, PO Box 278, Britt, IA 50423 641-843-3833