



Non-Certified Application for Employment



Full Name _____
Last First Middle Initial

Other Name(s) _____
Please provide other names used in school or employment

Current Address _____
Street City State Zip

How Long at Your Current Address? _____

Previous Address _____
Street City State Zip

Social Security No. _____

How Long at Your Previous Address _____

Telephone __ (____) _____

Note: Social Security Number is optional and failure to submit it on this form will not prohibit employment consideration. Social Security Number may be required on other forms before employment.

Date Available for Work _____

=====

Circle Position Desired:

Teacher Associate Secretary Bus Driver Food Service Worker

Are you able to perform the primary responsibilities of the position for which you are applying with or without accommodation (Assistance) ? Yes _____ No _____

Circle Type of Employment Desired:

Full Time Part Time Full or Part Time Substitute

Other Information:

Use back of page if additional space is needed

If you are under 18, can you furnish a work permit? Yes _____ No _____

Have you ever been employed by the district before? Yes _____ No _____

Are you legally eligible for employment in this country? Yes _____ No _____

Driver's License Number (if required for position): Yes _____ No _____

Number _____ State _____ Year Expires _____

List any local School Board Member or employee relatives(s) or friend employed by the Lisbon Community School District and describe the relationship.

Estimate your absences from work or school (number of days) for each of the last three years and explain the reason(s).

Have you ever been convicted or charged with any criminal conduct or offense?

Yes _____ No _____

If Yes, explain: _____

Are any criminal charges or proceedings pending against you? Yes _____ No _____

Have you ever been convicted of or charged with any offense involving the sexual molestation, physical, or sexual abuse, or rape of a child? Yes _____ No _____

Have you ever been charged or convicted of a drug or alcohol charge? Yes _____ No _____

Note: Proof of U.S. Citizenship or Immigration status will be required upon employment

Employment History:

List your last four (4) employers (or employment spanning the last ten (10) years. Assignments or volunteer activities – the most recent should be listed first. If you are employed at this time the first position listed should be your current position, indicate "Do Not Contact" if that is your wish.

From: _____ To: _____ Job Title: _____

Employer: _____ Telephone: (____) _____

Address: _____

Immediate Supervisor & Title: _____

Summarize the nature of work performed & Job responsibilities: _____

Reason for leaving: _____

Hourly Rate/Salary: Start: \$ _____ Per _____ Final: \$ _____ Per _____



From: _____ To: _____ Job Title: _____

Employer: _____ Telephone: (____) _____

Address: _____

Immediate Supervisor & Title: _____

Summarize the nature of work performed & Job responsibilities: _____

Reason for leaving: _____

Hourly Rate/Salary: Start: \$ _____ Per _____ Final: \$ _____ Per _____

Employment History continue:

From: _____ To: _____ Job Title: _____

Employer: _____ Telephone: (____) _____

Address: _____

Immediate Supervisor & Title: _____

Summarize the nature of work performed & Job responsibilities: _____

Reason for leaving: _____

Hourly Rate/Salary: Start: \$ _____ Per _____ Final: \$ _____ Per _____

From: _____ To: _____ Job Title: _____

Employer: _____ Telephone: (____) _____

Address: _____

Immediate Supervisor & Title: _____

Summarize the nature of work performed & Job responsibilities: _____

Reason for leaving: _____

Hourly Rate/Salary: Start: \$ _____ Per _____ Final: \$ _____ Per _____

Educational Background

| Level of Education | Name of School or Universtiy/Location | Field of Study | Degree | Dates of Attendance From/to |
|-----------------------|---------------------------------------|----------------|--------|-----------------------------|
| High School | | | | |
| College or Univeristy | | | | |
| Technical School | | | | |
| Other Education | | | | |
| | | | | |

If there is anything about your education that you believe we should give extra consideration to in determining whether to employ you, please describe.

Military Experience

| Branch of Service | Occupational Specialist (MOS) | Inclusive Dates | Rank | Type of Discharge |
|-------------------|-------------------------------|-----------------|------|-------------------|
| | | | | |
| | | | | |

You may, if you choose, describe any extraordinary experiences or skills acquired in the military that you believe would be relevant to employment with Lisbon Community School District.

Note: Effective July 1, 1996, falsification of educational qualifications on a job application is a criminal act in Iowa and is punishable by a fine and/or incarceration.

Professional / Character References

The applicant is responsible to provide the names of professional/character reference sources. Include the name of the past supervisors or persons who are knowledgeable about your work performance.

1. Name _____ Position _____ Work Phone _____

Address _____ Home Phone _____

Employer _____

2. Name _____ Position _____ Work Phone _____

Address _____ Home Phone _____

Employer _____

3. Name _____ Position _____ Work Phone _____

Address _____ Home Phone _____

Employer _____

Notice – Read Carefully:

I hereby certify that all application statements are true and complete to the best of my knowledge and that, if I am employed by the Lisbon Community School District, false statements shall be sufficient cause for immediate dismissal.

I also understand that before beginning employment I may be required to submit a completed school district physical examination from the District Superintendent.

I further understand that if I accept a position with the Lisbon Community School District, the statements on this application will become part of my permanent record.

Signature of Applicant

Date

The Lisbon Community School District provides equal opportunity in employment to all persons regardless of age, race, creed, color, sex, national origin, religion or disability.

Lisbon Community School District
P.O. Box 839
Lisbon, Iowa 52253

Telephone Reference Check Requirement

_____ of 3 required / by _____
Signature of Administrator Date of Call

Name of Applicant _____

Employer where
Applicant worked _____ Telephone No. _____

Former Supervisor _____ Title _____

We faxed a Release and Waiver to you so that you can provide us accurate and thorough responses. Did you receive it? _____

1. What is your opinion of this person's abilities? (Intellectual skills, work habits, leadership, curriculum, classroom teaching, motivational skills, ability to work with parents and community)

2. Why did he/she leave your employment or why might they want to leave? (please be specific)

3. Would you re-employ? _____

Why? _____

Why not? _____

Additional Comments: _____

4. What is the worst thing you could say about this person as an employee?

5. What is the person's poorest quality as an employee in the position of _____?
Insert

6. Is there anything negative about this person that for some reason you cannot tell me?
