



## JESUP COMMUNITY SCHOOL DISTRICT SUPPORT (NON-CERTIFIED) EMPLOYMENT APPLICATION

Please fill in all blanks or circle yes/no. If information required is not applicable, please fill in by placing an N/A in that blank. Please make copies (keep your originals) of all materials that you submit. Applications will be kept on file for one year from the date of application. To activate your application for additional positions please call {(319) 827-1700} when they are advertised.

Application Date:	<input type="text"/>	Date Available:	<input type="text"/>
Name:	<input type="text"/>	Email Address:	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Phone:	<input type="text"/>	Alt. Phone:	<input type="text"/>

Position(s) for which you are applying:

Are you willing to substitute?      **Yes**      **No**

With or without reasonable accommodation (modification) are you able to perform the essential job functions required of this position:      **Yes**      **No**

If no, please explain:

Have you ever previously worked for Jesup Community Schools:      **Yes**      **No**  
(If yes, list dates/position)

Have you served in the U.S. Military:      **Yes**      **No**  
(If yes, please list branch, dates, rank, location of duty and discharge status.)

Have you ever been charged, admitted to, plead no contest to or have been convicted of a felony or misdemeanor (excluding traffic violations):      **Yes**      **No**

If yes, please provide date, incident, city (county)/state of charge:

Are you listed on a sex offender registry:      **Yes**      **No**

Are you listed on the Department of Human Services' Child Abuse Registry:      **Yes**      **No**

Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment or physical abuse?      **Yes**      **No**

Please explain:

Have you ever terminated your employment or had your employment terminated for reasons relating to illegal activities or claims of sexual abuse or physical abuse?      **Yes**      **No**

Please explain:

**PLEASE NOTE: 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.**

**Education** (Please list your educational background including dates and diplomas/degrees earned beginning with high school. Also, list any advanced education or special training/licenses):

<b>High School:</b>
<b>College:</b>
<b>Special Training/Licenses:</b>

**Work Experience** (List your work/qualifying experiences for the previous 10 years, starting with the most recent - place additional on back). If you do not want your current employer contacted, please indicate).

<b>Employer:</b>	<input type="text"/>	Dates Employed:	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Position:	<input type="text"/>	Supervisor's Name/Phone:	<input type="text"/>
Duties/Responsibilities/Skills:	<input type="text"/>		
Reason For Leaving:	<input type="text"/>		

<b>Employer:</b>	<input type="text"/>	Dates Employed:	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Position:	<input type="text"/>	Supervisor's Name/Phone:	<input type="text"/>
Duties/Responsibilities/Skills:	<input type="text"/>		
Reason For Leaving:	<input type="text"/>		

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Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Position:	<input type="text"/>	Supervisor's Name/Phone:	<input type="text"/>
Duties/Responsibilities/Skills:	<input type="text"/>		
Reason For Leaving:	<input type="text"/>		

Please list any special skills applicable to the job(s) for which you are applying.

<input type="text"/>
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**Professional References** (List at least three related to employment – place additional references on back of page):

**Reference's Name:**  Phone Work/Home:   
Address:  City/State/Zip:   
Relationship:

**Reference's Name:**  Phone Work/Home:   
Address:  City/State/Zip:   
Relationship:

**Reference's Name:**  Phone Work/Home:   
Address:  City/State/Zip:   
Relationship:

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 understand that prior to employment, a criminal background check, including the list of sex offenders and the child abuse registry will be done.

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 understand that within the first thirty (30) days of employment a physical along with other required training may be required. I also understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S citizen status or their legal authorization to work in the U.S.

Signature:  Date:

Please return to: Jesup Community Schools, Superintendent's Office, 531 Prospect St., PO Box 287, Jesup, IA 50648.

The position you are applying for may require additional questions/information that should be returned with this application form.