

WASHINGTON COMMUNITY SCHOOL

P.O. BOX 926

WASHINGTON, IOWA 52353

EMPLOYMENT APPLICATION

Position Applied for _____

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Phone # _____ - _____ - _____

Email Address _____

EDUCATION

Circle highest degree completed 9 10 11 12 GED College 1 2 3 4 5 6

Dates Attended	Institution	Course of Study	Degree Attained
High School			
_____	_____	_____	____Diploma____GED
_____	_____	_____	____Diploma____GED
College			
_____	_____	_____	____Degree
_____	_____	_____	____Degree
_____	_____	_____	____Degree
_____	_____	_____	____Degree

Have you received any additional training, workshops, short courses, etc. _____

If required for this job;

- a. Do you have a valid Iowa Drivers License? Yes _____ No _____
- b. Can you obtain a valid Iowa Drivers License upon appointment? Yes _____ No _____
- c. Do you have a valid Commercial Drivers License? Yes _____ No _____
- d. Can you obtain a valid Commercial Drivers License upon appointment?
Yes _____ No _____

Please indicate whether you will submit to a physical examination by a physician after being offered employment?

Yes _____ No _____

What date would you be available to begin work? _____

EMPLOYMENT HISTORY

Start with your present or last job.

List major assignments and supervisory positions.

1. Employed by _____

Address _____

Supervisors Name _____ Phone ____ - ____ - ____

Employed from (mo-yr) _____ To (mo-yr) _____

Starting Salary \$ _____ Ending Salary \$ _____ Hrs per week _____

Job Title _____

Duties _____

Reason for Leaving _____

2. Employed by _____

Address _____

Supervisors Name _____ Phone ____ - ____ - ____

Employed from (mo-yr) _____ To (mo-yr) _____

Starting Salary \$ _____ Ending Salary \$ _____ Hrs per week _____

Job Title _____

Duties _____

Reason for Leaving _____

3. Employed by _____

Address _____

Supervisors Name _____ Phone ____ - ____ - ____

Employed from (mo-yr) _____ To (mo-yr) _____

Starting Salary \$ _____ Ending Salary \$ _____ Hrs per week _____

Job Title _____

Duties _____

Reason for Leaving _____

Are you a U. S. Veteran ? Yes _____ No _____

Branch of the Service _____

Date of Service From (mo-yr) _____ To (mo-yr) _____

Do you have any other experience or qualifications not listed before which relate to the job applied for ?

Can you perform the essential functions of the job you are applying for either with or without reasonable accommodations?

Yes _____ No _____

Have you ever been convicted of a felony? A conviction does not automatically mean that you cannot be appointed. (What you were convicted of and how long ago are important.) Please give all the facts so that a decision can be made.

All statements made on this application are true and correct. I understand that intentional false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the Washington Community School and all my previous employers (with the exception of _____) to conduct or participate in an investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Applicant's Signature Date _____

District Equity Statement

It is the policy of the Washington Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Willie Stone or Veta Thode at (319) 653-6543.