

TRI-CENTER COMMUNITY SCHOOL DISTRICT EMPLOYMENT APPLICATION

33980 310th Street
Neola, Iowa 51559

Phone: 712-485-2257 FAX: 712-485-2411



Tri-Center is an Equal Opportunity/Affirmative Action Employer

TROJANS

(Please print or type)

Date: _____

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HOME TELEPHONE: _____ CELL TELEPHONE: _____

Are you legally able to work in the United States? _____ Yes _____ No

POSITION DESIRED

First choice _____

Second choice _____

Third choice _____

Total years of experience: _____

Have you filed an application with our school before? _____ Yes _____ No

If yes, give date _____ and position applied for _____

This application will remain on file for one year from the date of application only; it must be renewed if further consideration for a position is desired.

It is the policy of Tri-Center Community School District not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, religion, creed, sexual orientation, age (for employment), and actual or potential family, parental, or marital status (for programs). If you have a question or complaint related to this policy, or for information about the district's grievance procedures, please contact Secondary Principal, 33980 310th Street, Neola, IA 51559 712-485-2211, charder@tctrojans.org or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 FAX: (303) 844-4303, TDD: (800) 877-8339, Email: OCR.Denver@ed.gov

EDUCATION

School	Name	Location City, State	Dates Attended	Diploma or Degree
High School				
Colleges/Universities				
Business/Trade				
Other				

*If you did not receive a degree, indicate the number of college hours attained: _____ Please attach your college transcript with this application IF it has not been sent to us.

WORK EXPERIENCE

List most recent experience first.

From: MM/YY		To: MM/YY	
Years:		Employer Name	
Immediate Supervisor:		Supervisor Email:	
Type of Job:		Certifications:	

From: MM/DD		To: MM/DD	
Years:		Employer Name	
Immediate Supervisor:		Supervisor email:	
Type of Job:		Certifications:	

REFERENCES

Full name of reference	Position	City / State	Office Phone

If you have a relative who works for this District or who serves as a member of a Board of Education, please give the name and address and describe your relationship:

- **CERTIFIED ELEMENTARY / MIDDLE / SECONDARY CANDIDATES / SUBSTITUTE TEACHERS, TEACHER AIDES AND COACHES**

FOLDER NUMBER: _____

List endorsements to your state certificate below Certified Teaching Fields Sem. Hrs.

Area of specialization: _____
 (Must have a least 18 semester hours)

Type of certificate held: _____ Professional _____ Provisional _____ None

If certified in another state, indicate which state and type of certificate held: _____

If you do not have a valid state certificate, what do you lack? _____

Grade or subject in which you did student teaching: _____

Where did you do your student teaching? _____

- **CLASSIFIED STAFF APPLICANTS:**

Position for which applying:

_____ Custodian _____ Teacher Aide _____ Secretary
 _____ Cook _____ Bus Driver _____ Other (specify)

- **SECRETARIAL/CLERICAL APPLICANTS AND SUBSTITUTES:**

Do you keyboard/type? _____ Yes _____ No

Please list below any additional office machine/computer software with which you have had experience.

TYPE MACHINE/SOFTWARE NUMBER OF YEARS EXPERIENCE

- **FOR ALL APPLICANTS**

List any additional information you think would be helpful concerning your knowledge, skills and experience related to the job for which you are applying.

Briefly, state what you feel you can contribute as an employee for the TRI-CENTER COMMUNITY SCHOOL DISTRICT in the position for which you are applying.

STATEMENT

The Tri-Center Community School District strives to select qualified applicants who will serve as positive role models for students.

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor.

Have you ever been convicted of a felony or any offense involving moral turpitude?

Yes No If yes, please explain

Have you ever been convicted of a felony or any offense involving moral turpitude and received probation?

Yes No If yes, please explain

Has any court ever received a plea of guilty or a plea of *nolo contendere* from you for any offense involving moral turpitude, deferred proceedings without entering a finding of guilty and placed you on probation?

Yes No If yes, please explain

Conviction of a crime is not an automatic bar to employment. The Tri-Center Community School District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position or why did you leave your last position?

Have you ever been involuntarily terminated or asked to resign from the employment of another school district?

Yes No

If yes, please give the name of the district, the date and the reason for the termination or request for resignation

Are you able to perform the essential job duties required of the position for which you are making an application, with or without reasonable accommodation?

Yes No If no, please explain

AGREEMENT

I hereby certify that the previous 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. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the Tri-Center Community School District now in force and effect or as they may change during my employment, if I am employed by the District.

Signature of Applicant

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment and release those supplying any information from all liability.

Signature of Applicant

BUS DRIVER APPLICANTS ONLY

I understand that any offer of employment with the Tri-Center Community School District is contingent upon my passing any required drug and alcohol test.

Date

Signature



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.

Abuse Registry being requested: Child Abuse Dependent Adult Abuse Both

Please specify your preferred method of response: Address Fax Email

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

Form section 1 containing fields for Last Name, First Name, Agency Name, Telephone Number, Address, Fax Number, City, State, Zip Code, Email, Purpose of request, and Signature of Requester.

Section 2: To be completed by person authorizing HHS to release their abuse information.

Form section 2 containing fields for Name, Birth Date, Social Security Number, Address, City, County, State, Zip Code, and Signature of Person Authorizing Release.

Section 3: To be completed by the Central Abuse Registry or designee.

Form section 3 containing a large empty box and a field for Signature of Registry Staff or Designee and Date.

Complete a separate form for each person for whom information is requested and email to iowaabuseregistry@hhs.iowa.gov, or fax to (515) 564-4112, or mail to the Iowa Department of Health and Human Services, FWBP/CPS/Operations/Registry, 321 E. 12th Street, Des Moines, IA 50319.

Legal Provisions for Handling Child and Dependent Adult Abuse Information

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

- The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom such information would be disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- The written record is forwarded to the Central Abuse Registry within 30 days of the dissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

8812

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

<i>Name (business or individual)</i> Tri-Center Community School District	<i>Mailing address (street/PO Box, city, state, zip code)</i> 33980 310th Street; Neola, IA 51559
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<i>Phone number</i> 712-485-2211	<i>Fax number</i> 712-566-5014	<i>Email address</i> jharder@tctrojans.org
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I would like the results sent to me by: Mail Fax Email

I am required to have the results notarized: Yes No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)	FIRST NAME (required)	MIDDLE NAME (recommended)

DATE OF BIRTH (required)	GENDER M, F or Other (required)	SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release 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 signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: www.dcirecordchecks@dps.state.ia.us

QUESTIONS: www.dcirecordchecks@dps.state.ia.us

HOW TO REQUEST AN IOWA CRIMINAL HISTORY RECORD CHECK:

- Please write clearly on the Request Form.
- Complete all Requestor Information and all required fields. If the form is incomplete it will be returned to you without being processed.
- Send in a separate Request Form for each last name.
- A \$15.00 fee is required for each Request Form/last name submitted.
- A completed Billing Form must be submitted with a Request Form. If the Billing Form is not complete or the fee is not included, all forms will be returned. Please submit only one Billing Form when submitting multiple requests.
- Please specify on the Request Form if you want the results mailed, faxed or emailed to you and provide the appropriate information. If not specified the results will be mailed.
- Indicate if you are required (i.e. for immigration, for employment in another country, etc.) to have the results of the record check notarized.

Iowa criminal history record checks are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on information provided to us, as required by the Code of Iowa, from other criminal justice agencies in Iowa. Therefore, the DCI cannot guarantee the completeness of the information provided. If an individual disputes the accuracy of information maintained by the DCI, please contact our office at www.dcirecordchecks@dps.state.ia.us.

RELEASE AUTHORIZATION INFORMATION:

Iowa law does **not** require a release authorization to request an Iowa criminal history record check on another person. However, without a signed release authorization from the subject of the request, deferred judgments where the DCI has received notice of the successful completion of probation cannot be released to non-law enforcement agencies. In addition, any arrest over 18 months old, **without** a final disposition, cannot be released.

Please note: If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean the information on file is not releasable per Iowa law without a signed release authorization.

Furthermore, it could mean there is juvenile information that isn’t releasable per Iowa Code 232.147. However, the release authorization does not pertain to juvenile information.

ADDITIONAL INFORMATION:

A criminal history record check of the DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a **deferred judgment is not** generally considered a conviction once the defendant has been discharged from the deferred judgment after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain multiple offense crimes, i.e. second offense OWI. If a disposition indicates that a deferred judgment was given, you may want to inquire of the individual’s current status.

A **deferred sentence is** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.