

**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: _____

SOCIAL SECURITY NUMBER: _____

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

POSITION DESIRED

First choice _____

Second choice _____

Third choice _____

Total years 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 the Tri-Center 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 the district's Equity Coordinator, Chad Harder, Secondary Principal, Tri-Center Community Schools, 33980 310th Street, Neola, IA 51559, (712)485-2257, charder@tetrojans.org.

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. Use a separate sheet if necessary. Indicate any skills, experience or training (military, on the job, or other) you have received which will assist the District in placing you.

From	To	Number of Years	Name/Address of Employer	Immediate Supervisor	Type of Job
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REFERENCES

Full name of reference	Position	City / State	Office Phone	Home 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 Number of words per minute _____

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 *contendre* 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 of 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 inquires 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



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

**To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax**

From: _____

Phone: _____
Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver 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 waiver signature from the subject of the request.

Waiver Release: 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.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. 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*** considered a conviction once the defendant has been discharged 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 specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her 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.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed billing form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.



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. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

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

Requester: Last	First	Agency Name	Telephone Number ()
Address			Fax Number ()
City	State	Zip Code	Email
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information?			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor			Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
---------------------------------	------

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

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

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 redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination 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 redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

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.