



ALBERT CITY-TRUESDALE CSD  
300 ORCHARD STREET  
ALBERT CITY, IOWA 50510

## SUPPORT STAFF EMPLOYMENT APPLICATION FORM

Date of Application: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### POSITION DATA

Which position are you applying for?

- |   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Secretary        | <input type="checkbox"/> Nurse        | <input type="checkbox"/> Custodian  |
| <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Cook/Kitchen | <input type="checkbox"/> Bus Driver |

Are you available to work full-time? ☐ Yes ☐ No

Are you willing to consider less than full time? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐ Yes ☐ No

Date available? \_\_\_\_\_

## GENERAL INFORMATION

Have you previously held a non-licensed position in an Iowa public school? ☐ Yes ☐ No

If yes, which district? \_\_\_\_\_

Are you on a sex offender registry? ☐ Yes ☐ No

Are you on the Department of Human Services' child abuse registry? ☐ Yes ☐ No

Have you ever been convicted of a felony misdemeanor (excluding traffic violations?)  
☐ Yes ☐ No

Please provide data, incident, city/state of charge: \_\_\_\_\_

*\*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.*

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

Have you served in the Military? ☐ Yes ☐ No

If yes, list dates of service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Level of Education:

☐ High School Diploma

☐ GED

☐ College

High School: \_\_\_\_\_

College: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Degree: \_\_\_\_\_

## EMPLOYMENT

Please list most current employer first.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Date Worked- From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Date Worked- From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Date Worked- From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

## REFERENCES

Please list three people who are qualified to discuss your work experience.

1. Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### EQUAL OPPORTUNITY EMPLOYER

The Albert City-Truesdale Community School District extends equal opportunities to all employees, and to applicants for employment who meet the qualifications established for the class or position for which they apply. No employee or applicant shall be discriminated against on the basis of race, creed, color, sex, national origin, religion, age, or handicap. Preferences will be given to veterans in accordance with Iowa Code Chapter 70, Veterans Preference Law.