



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?

Secretary

Nurse

Custodian

Paraprofessional

Cook/Kitchen

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 date, 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.