

DISTRICT USE ONLY

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

Yrs Exp: \_\_\_\_\_

Salary: \_\_\_\_\_

**ALBERT CITY-TRUESDALE COMMUNITY SCHOOL  
NON-LICENSED STAFF APPLICATION FORM**

Application Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

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

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

\_\_\_\_\_  
City, State, Zip Code

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

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

Current Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Are you available full time? Yes \_\_\_ No \_\_\_

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

What certifications, endorsements or approvals have you achieved or are willing to achieve (including coaching authorization)?  
\_\_\_\_\_

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

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 or 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: \_\_\_\_\_

High School Attended: Location: \_\_\_\_\_

Have you served in the Military? Yes \_\_\_ No \_\_\_ If yes, I served in these wars and/or conflicts: \_\_\_\_\_

**Education**

High School: Location: \_\_\_\_\_  
College: Location: \_\_\_\_\_ Degree & Major/Minor: \_\_\_\_\_  
Number of Hours Beyond Highest Degree: \_\_\_\_\_

**Employment**

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code

Supervisor's Name: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Date Worked From: \_\_\_\_\_ Date Worked To: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code

Supervisor's Name: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Date Worked From: \_\_\_\_\_ Date Worked To: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code

Supervisor's Name: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Date Worked From: \_\_\_\_\_ Date Worked To: \_\_\_\_\_  
Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**References**

Employer & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State Zip Code

Position: \_\_\_\_\_  
Reference's Home Phone: \_\_\_\_\_  
Reference's Work Phone: \_\_\_\_\_

Employer & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State Zip Code

Position: \_\_\_\_\_  
Reference's Home Phone: \_\_\_\_\_  
Reference's Work Phone: \_\_\_\_\_

Employer & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State Zip Code

Position: \_\_\_\_\_  
Reference's Home Phone: \_\_\_\_\_  
Reference's Work Phone: \_\_\_\_\_

I hereby certify that the above 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. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 organ, religion, age or handicap. Preference will be given to veterans in accordance with IOWA CODE Chapter 70, Veterans Preference Law.