

CENTRAL LEE COMMUNITY SCHOOL DISTRICT  
DONNELLSON, IOWA

**APPLICATION FOR CLASSIFIED POSITION**

Last Name	First Name	Middle Initial
Address	City	State Zip Code
Telephone Number(s)	Social Security Number	
Home: _____	Work: _____	_____

**POSITION DESIRED:**

\_\_\_\_\_ Custodial/Maintenance      \_\_\_\_\_ Paraprofessional/Assoc.      \_\_\_\_\_ Transportation  
\_\_\_\_\_ Food Service      \_\_\_\_\_ Secretarial/Clerical  
\_\_\_\_\_ Information Technology      \_\_\_\_\_ Substitute

**REFERENCES:**

List three references. These individuals should be people in a supervisory capacity with whom you have worked in your most recent job experiences.			
NAME	POSITION	ADDRESS	PHONE
1.			(    )
2.			(    )
3.			(    )

**EDUCATIONAL PREPARATION:**

SCHOOL	LOCATION	DATES	GRADUATION	
			Year	Degree
High School				
College				
Business/Trade School				

**ALL APPLICANTS / OTHER QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**TO BE COMPLETED BY SECRETARIAL/CLERICAL OR PARAPROFESSIONAL APPLICANTS ONLY:**

Indicate equipment you have experience operating (check all that apply):

<input type="checkbox"/> Calculator	<input type="checkbox"/> Software for a desktop or laptop computer:
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Windows
<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Spreadsheet
<input type="checkbox"/> Data Base	
<input type="checkbox"/> Telephone	<input type="checkbox"/> Word Processing
<input type="checkbox"/> FAX Machine	<input type="checkbox"/> Clip Art
<input type="checkbox"/> VCR	<input type="checkbox"/> Other (list) _____
<input type="checkbox"/> DVD	_____
	_____
	_____

**TO BE COMPLETED BY CUSTODIAL/MAINTENANCE APPLICANTS ONLY:**

<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Furnace Work	<input type="checkbox"/> Cement Work
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Window Washing
<input type="checkbox"/> Glazing	<input type="checkbox"/> Grass Cutting	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Masonry Work	<input type="checkbox"/> Grounds Care
<input type="checkbox"/> Truck Driving	<input type="checkbox"/> Motor Vehicle Repair	<input type="checkbox"/> Painting
<input type="checkbox"/> Carpenter Work		

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Complete this page even if you are supplying a resume.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**CENTRAL LEE COMMUNITY SCHOOLS  
TEACHER ASSOCIATE APPLICATION**

Write a short paragraph describing your experiences working with young children, adolescents, and young adults.

In what subject areas do you feel the most qualified to assist in the teaching of young children, adolescents, and young adults?

What assets do you consider yourself to possess to best qualify you for the position?

What tasks do you hope to be performing should you be hired as a teacher associate?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MILITARY DUTY:

Active Duty: \_\_\_\_\_

Reserve Duty: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch: \_\_\_\_\_

Location of Duty: \_\_\_\_\_

Obligation Period: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Obligation Times: \_\_\_\_\_

## BACKGROUND INFORMATION:

Yes/No

- \_\_\_\_\_ Are you on a sex offender registry?
- \_\_\_\_\_ Are you on the Department of Human Services' child abuse registry?
- \_\_\_\_\_ Have you ever been asked to resign from a position or been given the choice of resigning or being terminated from your position?
- \_\_\_\_\_ Have you ever been found guilty, accepted a guilty or Alford plea, or entered a plea of no-contest for any criminal charge?
- \_\_\_\_\_ Have you ever received a deferred judgment, or in some other way had a guilty plea or conviction removed from your record?
- \_\_\_\_\_ Have you ever been the subject of an investigation or formal or informal proceeding that resulted in the termination of your employment or resignation from your position?
- \_\_\_\_\_ Have you ever been the subject of an investigation or other formal or informal proceeding resulting in disciplinary action (including verbal warning up to termination) or may result in public embarrassment for the Central Lee Community School District if revealed?

Please provide a brief narrative explaining any "Yes" response. \_\_\_\_\_

\_\_\_\_\_ Are you able to perform with or without reasonable accommodation, the essential job functions required of this position?  
If no, please explain: \_\_\_\_\_

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.

### AGREEMENT

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.

### READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the Central Lee Community School District must be filed not more than **six (6) months** after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Full Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

RETURN TO: Central Lee Community School District  
2642 Highway 218  
Donnellson, IA 52625  
Phone (319) 835-9510  
An Equal Opportunity Employer

The Central Lee Community School District does not discriminate on the basis of race, creed, color, national origin, age, disability, sex, or religion in employment or in access to participation in educational programs and services.