

Iroquois School District 02-3

111 E. Washita St.
Iroquois, SD 57353
605-546-2210
Fax: 605-546-8540



Home of the Chiefs

APPLICATION FORM

POSITION INTERESTED IN _____ APPLICATION DATE _____

PERSONAL INFORMATION (please respond to each item)

(Last Name)	(First Name)	(Middle Initial)
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Home Address:	Work Address:
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Home Phone:	Work Phone:
Cell Phone:	Email Address:

CURRENT POSITION (please respond to each item)

Present Title & Years of Employment	Reason for leaving
Employer	Employer Address

EDUCATIONAL BACKGROUND

Please list education, beginning with most recent.

Name/Location of Educational Institution	Year(s)	Degree	Major

WORK EXPERIENCE Please list experiences beginning with your current assignment.

Position	Employer	City or State	Dates of Employment

Please explain any gaps in employment.

REFERENCES Please list three individuals (professional or personal) who may be contacted.

Name of Individual	
Official Position	
Business/Cell Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business/Cell Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business/Cell Phone	
Home Phone	
Email Address	

BACKGROUND INFORMATION If you answer “yes” to any of the following questions, please attach a written response describing, in detail, an explanation of the circumstances. Involved.

Have you ever been convicted of a violation of law other than a minor traffic violation? (The term “conviction” includes any conviction, a guilty plea, a pleas of nolo contendere or no contest, a suspended sentence, a deferred sentence, a deferred judgment, or a finding of guilt by a jury or judge.)	Yes
	No
Have you ever been terminated or discharged, or resigned at the request of your employer from any job?	Yes
	No
In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?	Yes
	No
Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?	Yes
	No
Has there been any incident that could negatively affect your ability to work in this District?	Yes
	No

AUTHORIZATIONS Please read carefully and then sign and date if you agree.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, my own work product, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the District discovers the violation of its policy regarding application form dishonesty.

Signature of Applicant

Date

DISCLAIMER: By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

ADDITIONAL AUTHORIZATION Please read carefully, then sign and date.

I acknowledge that this is a position of public trust and I specifically authorize the Superintendent or designee on behalf of the Iroquois Board of Education, with respect to this application to contact my references, to investigate my background, and to make such other inquiries as the Board in its discretion deems relevant to assess my qualifications for the position. I authorize former employers, my references or any other person contacted by the Superintendent or designee in investigating the merits of my application to disclose personnel records and appraisals of my performance or information about my qualifications for this position, and release them from any liability for such disclosure.

I further understand that if I apply for employment with the District, the District may conduct a check of my criminal background. I agree to sign a DCI Criminal Background Check Waiver authorizing the District to obtain a check of my criminal history, and I further agree to provide all information necessary to obtain this criminal background check.

Signature of Applicant

Date

DISCLAIMER: By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

All application materials should be sent to:

Jill Cundy
Iroquois School District
111 E. Washita St.
Iroquois, SD 57353

Contact: Jill Cundy, Business Manager
Telephone: (605) 546-2210
FAX: (605) 546-8540
E-mail: Jill.Cundy@k12.sd.us
School Web Site: www.iroquois.k12.sd.us