

CHARTER OAK-UTE COMMUNITY SCHOOL

EMPLOYMENT APPLICATION

The Charter Oak-Ute Community School District is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin, or disability

Note: If you have a physical or mental disability and you believe that an accomodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate:

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

PERSONAL INFORMATION

To Be Completed By All Applicants

| | | | | | | | | | | | | | | |
|---|--|--|------------------------|--|------------|--|--|-----|--|-------------|--|--|--|--|
| Last Name | | | | | First Name | | | | | Middle Name | | | | |
| Street Address | | | City | | State | | | Zip | | Phone | | | | |
| Are you 18 or older | | | Social Security Number | | | Are you legally eligible to work in the U.S. | | | | | | | | |
| Is there any name, other than the name stated above, which you have previously used to identify yourself: | | | | | | | | | | | | | | |

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following 3 questions must be answered in order to complete a check of your driving record:

Date of Birth: _____

Driver's License Information State: _____ Number: _____

How many years have you driven a commercial vehicle: _____

What is the proper procedure for getting into and out of a tractor cab: _____

What is the proper procedure for lifting boxes: _____

Have you ever fallen off a truck: _____ If "yes", how many times: _____

Can you lift a load that weighs 75 pounds: _____

Can you drive 100 miles per day: _____ Can you drive 20 hours in a 5 day period: _____

DRIVING EXPERIENCE

| <u>Class of Equipment</u> | <u>Type of Equipment</u> | <u>Date</u> | <u>Approx. Miles</u> |
|---------------------------|--------------------------|-------------|----------------------|
| Straight Truck | _____ | _____ | _____ |
| Tractor & Semi | _____ | _____ | _____ |
| Tractor-2 Trailers | _____ | _____ | _____ |
| Tractor - Flatbed | _____ | _____ | _____ |

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards: _____ If "yes" from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on the back:

Have you ever had an automobile accident: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked: _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI) _____

ACCIDENT RECORD

List all accidents in the past 3 years whether chargeable or non-chargeable

| | <u>Date</u> | <u>Nature of Accident</u> | <u>Fatality</u> | <u>Injuries</u> | <u>Vehicle</u> |
|---|-------------|---------------------------|-----------------|-----------------|----------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |

TRAFFIC CONVICTION RECORD

List all traffic convictions and guilty pleas, in the past 3 years, other than parking violations

| | <u>Date</u> | <u>City and State</u> | <u>Charge</u> | <u>Penalty</u> | <u>Vehicle</u> |
|---|-------------|-----------------------|---------------|----------------|----------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT HISTORY

Be sure to include an explanation of all gaps in time of employment

| | | |
|-----------|--------------------|-------------------------|
| Employer | _____ | <u>Employed</u> |
| Address | _____ | From (Mo/Yr) _____ |
| | _____ | To (Mo/Yr) _____ |
| Telephone | _____ | |
| | <u>Your Salary</u> | |
| Start | _____ | Supervisor's Name _____ |
| End | _____ | Your Job Title _____ |
| Duties | _____ | |

| | | |
|-----------|--------------------|-------------------------|
| Employer | _____ | <u>Employed</u> |
| Address | _____ | From (Mo/Yr) _____ |
| | _____ | To (Mo/Yr) _____ |
| Telephone | _____ | |
| | <u>Your Salary</u> | |
| Start | _____ | Supervisor's Name _____ |
| End | _____ | Your Job Title _____ |
| Duties | _____ | |

| | | |
|-----------|--------------------|-------------------------|
| Employer | _____ | <u>Employed</u> |
| Address | _____ | From (Mo/Yr) _____ |
| | _____ | To (Mo/Yr) _____ |
| Telephone | _____ | |
| | <u>Your Salary</u> | |
| Start | _____ | Supervisor's Name _____ |
| End | _____ | Your Job Title _____ |
| Duties | _____ | |

Have you previously applied for employment with this School District _____

If "yes", when and under what name: _____

Have you previously been employed by this School District: _____

If "yes", when and under what name: _____

What was your attendance record with your last three employers _____

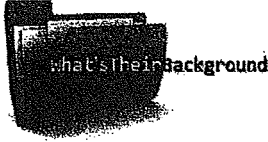
Other than vacation and holidays, how many days did you miss work in the last three years _____

How many months have you been unemployed in the last 12 months: _____

How many months have you been unemployed in the last 36 months: _____

| EDUCATION To be completed by all applicants | | | |
|---|--|---------------------------|----------------------------------|
| School | Print Name, Number and Street, City, State and Zip Code for each School Listed | Number of Years Completed | Degree, Major, or Type of Course |
| High School | _____ | | |
| | _____ | | |
| College | _____ | | |
| | _____ | | |
| Graduate School | _____ | | |
| | _____ | | |
| Trade, Business, Night, or Corres. | _____ | | |
| | _____ | | |
| Other | _____ | | |
| | _____ | | |

| MILITARY EXPERIENCE Complete this section if you have served in the US Armed Forces. | |
|--|--------------------------------|
| Branch of Service: _____ | |
| From: _____ <u>Period of Active Duty</u> To: _____ | |
| Rank at Discharge: _____ | Date of Final Discharge: _____ |
| Describe your duties and any special training: _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |



Entity Name: _____

APPLICANT RELEASE & AUTHORIZATION

***All fields must be completed, if the answer is none, please indicate none:

| | | |
|---------------------------------|---|---------------------------|
| _____ Last Name | _____ First Name | _____ Middle Name |
| _____ Date of Birth | _____ Other Names Used (including maiden name) | _____ Years Used |
| _____ Current Address | | _____ Dates Lived Here |
| _____ City | _____ State | _____ Zip |
| _____ Social Security Number | _____ Driver's License # | _____ State Issued |

Email address (may be used for official correspondence)

In connection with my employment, potential employment or other lawful purpose, I understand that information provided may be investigated to verify its accuracy. I hereby authorize verification of all information in my application and as described above, from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with the Federal Americans with Disabilities Act (ADA), labor and wage records, etc. or any part thereof. I authorize any duly authorized agent of WhatsTheirBackground, Inc. ("WTB, Inc.") and/or IntelliCorp Records, Inc (IntelliCorp) to obtain, said records, whether the records are public or private, and including those which may be deemed to be privileged or confidential in nature, and I release all persons from liability as a result of such disclosure(s). Information appearing on this release and authorization shall be used exclusively by WTB, Inc. and IntelliCorp or their customer for identification purposes and for consideration in determining suitability for employment or other lawful purpose. I certify that I have made true, correct, and complete answers and statements on my application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my employment or qualification. I agree to provide additional information that may be requested to process my application and to verify information provided by me. I authorize without reservation, any party or agency contacted by WTB, Inc. or IntelliCorp to furnish the above-mentioned information. This release and authorization is valid during the course of my employment or other lawful purpose to the extent permitted by law.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, this document is considered my written permission to obtain information. I understand that I have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. I also understand that I am also entitled to a copy of my Rights under the Fair Credit Reporting Act upon written request.

I understand and agree that any omission, false statement, misleading statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

| | | |
|---------------------------------------|---|---------------|
| _____ Applicant Printed Name | _____ Applicant Signature | _____ Date |
| _____ Parent/Guardian Printed Name | _____ Parent/Guardian Signature (if applicant is under age 18) | _____ Date |



Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 401 SW 7th Street, Suite G, Des Moines, IA 50309-3574 or fax to 515-242-6884.

To be completed by the person requesting information:

| | | | |
|--|-------------|-------------------|--------------------------------|
| Requester What's Their Background, Inc. - Fax: 515-251-5985 | | | |
| Address 4685 Merle Hay Road, Suite 209 | | | |
| City Des Moines | State IA | Zip Code 50322 | Phone Number (515) 251-5970 |

The information concerns:

| | | | |
|--------------------------------------|------------|------------------------|--------|
| Name (first, middle initial, last) | | | |
| Maiden Name or Alias (if applicable) | Birth Date | Social Security Number | |
| Address | | | |
| City | State | Zip Code | County |

What is the purpose of your request for dependent adult abuse information?

Potential Employment

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

| | |
|-----------------------|------|
| Signature (WTB, Inc.) | Date |
|-----------------------|------|

To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

| | |
|-----------------------|------|
| Signature (Applicant) | Date |
|-----------------------|------|

To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Comments:

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 401 SW 7th Street, Suite G, Des Moines, Iowa 50309-3574.

| PART A: To be completed by the person requesting information. | | | | |
|--|--|-------------|-------------------|--------------------------------|
| 1. | Requester What's Their Background, Inc. - Fax:515-251-5985 | | | |
| | Address 4685 Merle Hay Road, Suite 209 | | | |
| | City Des Moines | State IA | Zip Code 50322 | Phone Number (515) 251-5970 |
| | 2. The information concerns: | | | |
| Name (first, middle initial, last) | | | | |
| Maiden Name or Alias (if applicable) | | | Birth Date | Social Security Number |
| Address | | | | |
| City | | State | Zip Code | County |
| 3. | What is the purpose of your request for child abuse information? Potential Employment | | | |
| 4. | I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form. | | | |
| Signature (WTB, Inc.) | | | Date | |
| PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information. | | | | |
| I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct. | | | | |
| Signature (Applicant) | | | Date | |
| PART C: To be completed by the Central Abuse Registry or designee. | | | | |
| 1. | <input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child. | | | |
| 2. | <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child. | | | |
| 3. | <input type="checkbox"/> This request for information is denied because the form is incomplete. | | | |
| Signature | | | Date | |
| Comments | | | | |