

WEST HARRISON COMMUNITY SCHOOL DISTRICT
410 PINE ST
MONDAMIN, IOWA 51557

An Equal Opportunity/Affirmative Action Employer - In conformity with the requirements of Title IX of the Education Amendments of 1972, the West Harrison Community School District does not discriminate in education programs or activities, including employment therein and admission thereto.

NAME _____
Last First Middle

ADDRESS _____
Street City State and Zip

PHONE NO. () _____

I Am Interested in Substitute: Teaching _____ Do you have a teaching license? _____
Or substitute authorization? _____
What grade span will you sub for? _____

Clerical _____ Maintenance _____ Food Service _____ Bus Driver _____
Para Professional _____

Hours Available _____ Date Available _____

Previous Employment: Start with most recent

Company/Name & Address	Phone Number	Job Titles & Duties	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education: Highest Grade Completed in High School _____ Date Completed _____

College _____ Date Completed _____

Area of Instruction _____

List Personal References: Name/Address/Phone #/Occupation



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Tonya Radil West Harrison CSD
410 Pine St
Mondamin, IA 51557
Phone: 712-646-2231
Fax: 712-646-2891

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	