



Application for Support Staff
Waverly Shell Rock Community School District

PLEASE LIST THE POSITION(S) YOU WOULD LIKE TO BE CONSIDERED FOR:

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Are you interested in substituting? If yes, what school(s)/position(s).

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PERSONAL INFORMATION:

Full Name (First, Middle Initial, Last):

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Street Address, City, State, and Zip Code

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Phone Number:

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Are you legally authorized to work in the United States?

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How did you hear about employment opportunities with us:

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Are you required to give notice to your current employer? If so, how much notice?

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EDUCATIONAL EXPERIENCE:

Do you have a high school diploma, GED, or equivalent?	Yes		No	
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	Name and Place	Grades Completed	Diploma or Degree Earned
Secondary/High School			
Post Secondary School			

WORK EXPERIENCE: List three most recent employers

Name of Employer:	Position Held:
Dates of Employment:	City/State:
Immediate Supervisor:	Phone Number:
Description of Duties:	
Reason for Leaving:	May we contact this employer?

Name of Employer:	Position Held:
Dates of Employment:	City/State:
Immediate Supervisor:	Phone Number:
Description of Duties:	
Reason for Leaving:	May we contact this employer?

Waverly Shell Rock Community School District provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.



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Name of Employer:	Position Held:
Dates of Employment:	City/State:
Immediate Supervisor:	Phone Number:
Description of Duties:	
Reason for Leaving:	May we contact this employer?

PROFESSIONAL REFERENCES:

Please give the name and address of three persons acquainted with your work.

Name	Phone Number/Email	Relationship

List specific qualifications you feel you have for the position for which you are applying. For example, driver's license, professional license, etc.

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DISTRICT POLICY

It is the policy of the Waverly Shell Rock Community School District not to discriminate on the basis of race, creed, color, religion, national origin, gender, age, marital status, sexual orientation, gender identity, veteran status, disability, or socioeconomic status in its educational programs, activities, or employment practices. If you feel that you have been discriminated against, please contact the administration or the school board.

Preference will be given to veterans in accordance with IOWA CODE, CHAPTER 70, VETERANS PREFERENCE LAW.

To document and verify eligibility for the above, you must indicate the service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below.

Branch of Service:	
Entry Date:	Discharge Date:
VA Case File Number (If Disabled):	
Signature:	Date:

GENERAL INFORMATION

Are you able to perform the essential functions of the job with or without reasonable accommodation?	Yes			No	
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Have you been convicted of any offense for physical or sexual abuse of a child or dependent adult?	Yes			No	
If yes, please explain.					

Are you or have you ever been on a child and/or dependent adult abuse registry in any state?	Yes			No	
If yes, please explain.					

Have you ever been convicted of, or plead guilty to a deferred judgment for, a violation of law other than a minor traffic violation? (A conviction/deferred judgment is not an automatic bar to employment).	Yes			No	
If yes, please explain.					

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APPLICATION CONFIRMATION STATEMENT

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.

If my duties will include driving a school vehicle for which I need a CDL license and if the vehicle transports 16 or more persons or the vehicle weighs 26,001 pounds or more, I have been informed of the requirement to submit to a drug test prior to being employed by the District to perform a safety-sensitive function. I consent to submit to the Districts drug and alcohol testing program. I also understand that if I have a positive drug test, I will not be considered further for employment by the District.

Signature of applicant: _____

Date: _____

Completed applications can be submitted to
sharon.werkman@wsr.k12.ia.us or abby.meester@wsr.k12.ia.us

or mailed to

WSR District Business Office
1415 4th Ave. SW
Waverly, Iowa 50677



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For Bus Driver applicants only

Have you ever had your driver's license suspended or revoked?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain.					

Have you failed or refused a Department of Transportation (DOT) drug or alcohol pre-employment test within the past 2 years from an employer who did not hire you?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain.					

Please list all employers, with whom you have been employed within the past TWO years, with which you had to perform DOT drug or alcohol testing (CFR 382).

Please list all traffic violations other than parking violations within the last five years: