Osage Community Schools

820 Sawyer Drive ◊ Osage, IA 50461 ◊ 641-732-5381

www.osage.k12.ia.us

APPLICATION FOR EMPLOYMENT

It is the policy of the Osage Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity, and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact **Mike Kennedy, High School Principal, 820 Sawyer Drive, Osage, IA 50461, 641.732.3102, mike.kennedy@osage.k12.ia.us**

Any person having a physical or mental disability who believes an accommodation may be necessary in order for you to complete this application, please contact Renae Trettin, Administrative Assistant to the Superintendent at 641.732.5381.

Please ensure you answer all of the questions on this application. Print or write legibly. If you provide false, inaccurate, or incomplete information or if you fail to disclose information requested on this application form or throughout the application process including the interview, you will not be eligible for employment, or, if you are hired, may be subject to termination.

DATE: _____ SOCIAL SECURITY #: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? ____ YES ____ NO

ARE YOU A UNITED STATES CITIZEN? ____ YES ____ NO

ARE YOU UNDER A CONTRACT AT THIS TIME? ____ YES ____ NO

ARE YOU UNDER CONTRACT FOR THE NEXT YEAR? ____ YES ____ NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED HERE? ____ YES ____ NO WHEN: _____

ARE YOU RELATED TO A MEMBER OF THE BOARD OF EDUCATION OR ANY OTHER EMPLOYEE OF THE SCHOOL? ____ YES ____ NO

IF YES, IDENTIFY AND DESCRIBE THE RELATIONSHIP: _____

ARE YOU A MILITARY VETERAN/SERVICEMAN? ____ YES ____ NO DATES OF SERVICE: _____

ARE YOU APPLYING FOR A SPECIFIC POSITION? ____ YES ____ NO WHAT POSITION: _____

EDUCATIONAL EXPERIENCE

SCHOOL	LOCATION	DEGREE/MAJOR FIELD	DATES ATTENDED
HIGH SCHOOL			GRADUATED: ____ YES ____ NO
COLLEGE			GRADUATED: ____ YES ____ NO
COLLEGE			GRADUATED: ____ YES ____ NO

PLEASE LIST ANY SPECIAL CERTIFICATES OR ADDITIONAL TRAINING YOU HAVE:

_____

_____

_____

_____

_____

WORK EXPERIENCE: *PLEASE NOTE IF ANY PAST EMPLOYERS SHOULD NOT BE CONTACTED AND WHY.*

DATES OF EMPLOYMENT (MONTH/YEAR)	EMPLOYER ADDRESS & PHONE	SUPERVISOR'S NAME & PHONE	POSITION TITLE & SALARY	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

PERSONAL REFERENCES: *PLEASE LIST A MINIMUM OF THREE*

NAME	OCCUPATION	RELATIONSHIP	CONTACT NUMBER

BACKGROUND INFORMATION: *PLEASE ANSWER EACH QUESTION BY MARKING THE APPROPRIATE BOX.*

☐ YES ☐ NO ARE YOU ON A SEX OFFENDER REGISTRY IN ANY STATE, OR HAVE YOU EVER BEEN FOUND GUILTY OR ENTERED A PLEA OTHER THAN NOT GUILTY TO A SEX OFFENSE?

☐ YES ☐ NO ARE YOU ON THE IOWA DEPARTMENT OF HUMAN SERVICES' CHILD ABUSE REGISTRY OR A SIMILAR CHILD ABUSE REGISTRY IN ANY STATE, OR HAVE YOU EVER BEEN FOUND GUILTY OR ENTERED A PLEA OTHER THAN NOT GUILTY TO A CHILD ABUSE CHARGE?

☐ YES ☐ NO HAVE YOU EVER BEEN FOUND GUILTY/CONVICTED, ENTERED A GUILTY PLEA, OR ENTERED ANY PLEA OTHER THAN NOT GUILTY TO A CRIMINAL CHARGE?

☐ YES ☐ NO HAVE YOU EVER RECEIVED A DEFERRED JUDGMENT, OR IN SOME OTHER WAY HAD A GUILTY PLEA OR CONVICTION REMOVED FROM YOUR RECORD?

☐ YES ☐ NO 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?

☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION OR INFORMAL PROCEEDING THAT RESULTED IN DISCIPLINARY ACTION (I.E. WARNING, REPRIMAND, SUSPENSION, TERMINATION, ETC.)?

☐ YES ☐ NO HAVE YOU EVER BEEN ASKED TO RESIGN FROM A POSITION OR BEEN GIVEN THE CHOICE OF RESIGNING OR BEING TERMINATED FROM YOUR POSITION?

☐ YES ☐ NO DO YOU HAVE A CURRENT AND VALID DRIVER'S LICENSE?

*****NOTE: BY RESPONDING "YES" TO ANY OF THE PREVIOUS QUESTIONS IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. THE NUMBER, NATURE, SERIOUSNESS, AND DATE OF THE OFFENSE(S), IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. YOU MAY PROVIDE ADDITIONAL EXPLANATION TO ANY OF THE ABOVE "YES" ANSWERS AT YOUR OWN DISCRETION.*****

EMPLOYEE AUTHORIZATION

☐ YES ☐ NO ARE YOU ABLE TO PERFORM, WITH OR WITHOUT ANY REASONABLE ACCOMMODATION, THE ESSENTIAL JOB FUNCTIONS REQUIRED OF THIS POSITION? IF YOU RESPOND "NO," PLEASE EXPLAIN: _____

_____

_____

_____

TO THE FULLEST EXTENT PERMITTED BY STATE AND FEDERAL LAW, THE EMPLOYER WILL CONSIDER ALL INFORMATION CONCERNING AN APPLICANT OR AN EMPLOYEE IN MAKING HIRING, FIRING AND OTHER EMPLOYMENT RELATED DECISIONS. THE TERM "ALL INFORMATION" INCLUDES INFORMATION OF ANY KIND (VERBAL, ELECTRONIC, ETC.) FROM ANY SOURCE. THE EMPLOYER WILL CONSIDER PUBLIC INFORMATION THAT IS CONTAINED IN SOCIAL NETWORKING SITES, BLOGS, AND OTHER ELECTRONIC SITES SUCH AS YOU TUBE. IF THERE IS INFORMATION THAT PERTAINS TO YOU THAT YOU BELIEVE REQUIRES EXPLANATION, INTERPRETATION, OR CLARIFICATION WHEN IT IS CONSIDERED BY THE EMPLOYER, IT IS YOUR OBLIGATION TO COMMUNICATE THIS INFORMATION TO THE EMPLOYER. INFORMATION THAT IS RELEVANT TO THE EMPLOYER'S DECISIONS WILL BE CONSIDERED REGARDLESS OF THE DATE ON WHICH THE EMPLOYER OBTAINS THE INFORMATION AND REGARDLESS OF THE DATE ON WHICH THE INFORMATION WAS FIRST PUBLISHED, CREATED OR MADE ACCESSIBLE TO THE EMPLOYEE.

I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS TO THE BEST OF MY ABILITY, AND I HAVE NOT WITHELD ANY INFORMATION THAT WOULD UNFAVORABLY AFFECT MY APPLICATION FOR EMPLOYMENT. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE OSAGE COMMUNITY SCHOOL DISTRICT, ANY MISREPRESENTATION OR OMISSION OF FACT WHENEVER DISCOVERED IN MY APPLICATION, RESUME OR ANY OTHER MATERIALS, OR DURING ANY INTERVIEWS, MAY BE SUFFICIENT CAUSE FOR DISQUALIFICATION OF THIS APPLICATION OR MAY RESULT IN MY SUBSEQUENT DISMISSAL IF HIRED. I AUTHORIZE VERIFICATION OF ANY OF THIS INFORMATION.

I HEREBY AUTHORIZE THE OSAGE COMMUNITY SCHOOL DISTRICT AND ITS EMPLOYEES OR AGENTS TO INVESTIGATE MY EMPLOYMENT HISTORY, CRIMINAL RECORDS, IF ANY, AND PERSONAL HISTORY. I AUTHORIZE CURRENT AND FORMER EMPLOYERS, PROFESSIONAL COLLEAGUES, INSTRUCTORS, FRIENDS AND ANY OTHER PERSON OR ENTITY TO RELEASE ANY INFORMATION CONCERNING MY PROFESSIONAL COMPETENCE, PERFORMANCE, BACKGROUND, AND CHARACTER. I HEREBY RELEASE AND DISCHARGE THE OSAGE COMMUNITY SCHOOL DISTRICT, ITS EMPLOYEES AND AGENTS AND ANY OTHER PERSON, FIRM, AGENCY, OR CORPORATION FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE RELATING TO AN INVESTIGATION OF MY BACKGROUND IN RELATIONSHIP TO THIS APPLICATION AND REGARDING INFORMATION PROVIDED TO THE SCHOOL DISTRICT RELATING TO MY APPLICATION FOR EMPLOYMENT.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT BEFORE ANY CONTRACT BECOMES EFFECTIVE OR COMPENSATION IS POSSIBLE, IT MUST BE APPROVED BY THE BOARD OF EDUCATION AND SIGNED BY ITS PRESIDENT. I UNDERSTAND THAT EMPLOYMENT IS "AT WILL" OF THE DISTRICT. I ALSO UNDERSTAND THAT ALL EMPLOYEES ARE REQUIRED TO HAVE A PHYSICAL EXAMINATION AS A CONDITION OF EMPLOYMENT. IN ADDITION, I UNDERSTAND THAT AN OFFER OF EMPLOYMENT IS CONDITIONED UPON THE COMPLETION OF A SATISFACTORY BACKGROUND CHECK WHICH MAY INCLUDE, BUT IS NOT LIMITED TO THE FOLLOWING: EDUCATIONAL VERIFICATION, BACKGROUND INFORMATION, CRIMINAL, CHILD ABUSE REGISTRY, AND A DEPARTMENT OF TRANSPORTATION DRIVING RECORD VERIFICATION (IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION APPLIED). I FURTHER UNDERSTAND THAT IF I ACCEPT A POSITION WITH THE OSAGE COMMUNITY SCHOOL DISTRICT, THE STATEMENTS ON THIS APPLICATION BECOME PART OF MY PERMANENT RECORD.

I UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT IS VALID FOR NO MORE THAN ONE YEAR. AFTER THAT, I MAY BE REQUIRED TO RESUBMIT AN APPLICATION IN ORDER TO BE CONSIDERED FOR POSITIONS AT THE OSAGE COMMUNITY SCHOOL DISTRICT.

EMPLOYEE PRINTED NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____

RETURN TO: **OSAGE COMMUNITY SCHOOL DISTRICT**
ATTN: Renae Trettin
820 SAWYER DRIVE
OSAGE, IA 50461
PHONE / FAX: 641.732.5381
Renae.trettin@osageschools.k12.ia.us

The mission of the Osage Community Schools is to sustain and enhance a caring community to produce enthusiasm for lifelong learning.

Osage Community Schools is an Equal Opportunity/Affirmative Action Employer.

VOLUNTARY PRE-EMPLOYMENT INFORMATION
OSAGE COMMUNITY SCHOOL DISTRICT

THE OSAGE COMMUNITY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER. COMPLETION OF THIS FORM IS OPTIONAL. HOWEVER, WE WOULD APPRECIATE IT IF YOU WOULD SUPPLY THE REQUESTED INFORMATION. IN ORDER TO COMPLY WITH REGULATIONS ESTABLISHED BY THE U.S. EQUAL OPPORTUNITY COMMISSION, THE OFFICE OF CIVIL RIGHTS IN THE U.S. DEPARTMENT OF EDUCATION, IOWA CODE 19B.11, AND I.A.C. 281-CH 95, THE DISTRICT MUST REPORT STATISTICAL SUMMARIES OF THE INFORMATION REQUESTED. THE INFORMATION IS USED FOR THIS PURPOSE AND OTHER AFFIRMATIVE ACTION PURPOSES ONLY. THIS PRE-EMPLOYMENT INFORMATION FORM WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT AND WILL IN NO WAY AFFECT YOUR POSSIBILITIES FOR EMPLOYMENT.

PLEASE PRINT

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

GENDER: ☐ MALE ☐ FEMALE **ARE YOU A U.S. CITIZEN?** ☐ YES ☐ NO IF NO, INDICATE TYPE OF VISA: _____

PLEASE IDENTIFY YOUR RACE/ETHNIC GROUP:

☐ WHITE (NON-HISPANIC) ☐ BLACK/AFRICAN AMERICAN (NON-HISPANIC) ☐ AMERICAN INDIAN/ALASKAN NATIVE

☐ HISPANIC/LATINO ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ ASIAN

☐ TWO OR MORE RACES

VETERAN STATUS: VETERAN ☐ YES ☐ NO

DISABILITY: ☐ YES ☐ NO

IF YES, IDENTIFY ANY ACCOMMODATION WE COULD MAKE WHICH WOULD ENABLE YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF YOUR JOB PROPERLY AND SAFELY. _____

_____

_____

POSITION(S) APPLYING FOR:

☐ ADMINISTRATOR ☐ TEACHER/COUNSELOR/MEDIA SPECIALIST

☐ PARAEDUCATOR ☐ NURSE

☐ SECRETARY ☐ SUBSTITUTE POSITION IN DISTRICT

☐ BUS DRIVER ☐ CUSTODIAN/MAINTENANCE

☐ OTHER: _____

SOURCE FROM WHICH YOU LEARNED OF THIS VACANCY:

☐ PERSONAL CONTACT ☐ DISTRICT'S WEBSITE ☐ TEACH IOWA

☐ RECRUITING FAIR ☐ COLLEGE PLACEMENT ☐ WORKFORCE DEVELOPMENT

☐ IOWA REAP ☐ OTHER

EMPLOYEE SIGNATURE: _____