

State of Iowa Standard Teacher Employment Application

Application Date: _____

•			Date Available	2:		
Name:	Social Security #:					
J.S. Citizen:	Are you legally eligible to work in the United States?					
Current Home Phone	:	Work Pho	one:			
Current Address:						
Permanent Address: _		P	ermanent Phone:			
Position(s) for which	you are applying:					
Are you available full	ning contract for ne	•				
Where?						
College	Location	Number of Hours Beyond Highest Degree	Degree Major & Minor Fields	Dates Attended Graduated		
High School Attended:						
Have you applied for your Iowa Teacher License?			Iowa Folder Number:			
Do you hold a license from another state?			If so, which state(s)?			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ved (include coaching			

Education and/or other Employment (begin with current/most recent) *Teachers may include paid or volunteer activities other than classroom teaching and new teachers should include student teaching and other field experiences.

School District/Employer:			
Address:			
Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (includ	le coaching and/or	extracurricular activities):	
Reason for Leaving:			
School District/Employer:			
Address:			
Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (includ		extracurricular activities):	
Reason for Leaving:			
School District/Employer:			
Address:			
Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (includ	le coaching and/or	extracurricular activities):	
Reason for Leaving:			

Supervisor's Name:		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (in	clude coaching and	or extracurricular activities):	
Reason for Leaving:			
School District/Employer:			
Address:			
		Phone:	
Dates of Experience:	to	Position:	
Duties and Responsibilities (in	clude coaching and	or extracurricular activities):	
• •			
Address:			
		Phone:	
Supervisor's Name:			
Supervisor's Name:	to	Phone: Position:	
Supervisor's Name: Dates of Experience:	to	Phone: Position:	
Supervisor's Name: Dates of Experience:	to	Phone: Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in	to	Phone: Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in Reason for Leaving: Military:	to	Phone: Position:	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in Reason for Leaving: Military:	toto	Phone: Position: /or extracurricular activities):	
Supervisor's Name: Dates of Experience: Duties and Responsibilities (in Reason for Leaving: Military:	toto	Phone:Position:	

 $\textbf{References}: \ \textit{List at least three who have evaluated your teaching skills and abilities}.$

Name	Employer & Address	Position	Phone: Work and Home
Have you previously hel	d a licensed position in an Iov	va public school?	
District?			
If yes, have you successfu	ally completed an official proba	tionary period in a publ	lic school district?
If yes, what was	the length of the probationary	period?	
Are you on a sex offende	er registry?		
Are you on the Departm	ent of Human Services' child	abuse registry?	
Have you ever been con	victed of a felony or misdeme	anor (excluding traffic	violations)?
If yes, please provide da	te, incident city/state of charg	e:	
	, ,		
	of the previous questions is a ionship between the offense a		
considered.			
Are you able to perform of this position?	, with or without reasonable a	ccommodation, the ess	sential job functions required
If no, explain:			

Authorization and Verification

I hereby authorize that my former and/or current employer(s), professional colleagues, instructors or friends may provide any information requested by the search committee of the Egpvgtxkng Community School District regarding my professional competence, performance and character.

I hereby certify that all application statements are true and complete to the best of my knowledge, and that, if employed, false statements herein shall be sufficient cause for dismissal. I understand that before any contract becomes effective or compensation is possible, a valid **Iowa Teaching License** must be filed with the Director of Human Resources. I also understand that all employees are required to have a **physical examination** as a condition of employment. I further understand that if I accept a position with the Egpvgtxkng Community School District, these statements are to become a part of my permanent record. In addition, because of the tremendous responsibility the Egpvgtxkng Community School District has to its students and their families, I understand that a **criminal background check** will be conducted.

Signature of Applicant	Date
Please print your name	