

# Support Staff Application

## STORM LAKE COMMUNITY SCHOOL DISTRICT

Central Administration • 419 Lake Avenue • PO Box 638 • Storm Lake, IA 50588-0638

Phone: 712-732-8060

Fax: 712-732-8063

Web: [www.slcsd.org](http://www.slcsd.org)

It is the policy of the Storm Lake Community School District not to illegally 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 program 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 the district's Equity Coordinator, Kellie Anderson, 930 East 5th Street, Storm Lake, Iowa 50588, 712-732-8076, [kanderson@slcsd.org](mailto:kanderson@slcsd.org).

### Contact Information

Name:  DOB:  SSN:

Address:  City, State, Zip:

Phone:  Alternate Phone:  Email:

Have you ever worked for the district?  Yes  No

When would you be available to begin work?  Today's Date:

### Position Applying For

#### INSTRUCTIONAL ASSISTANT (IA)

- ELL/ESL Assistant
- Special Education Assistant
- Substitute Assistant
- Media Assistant
- Other

#### SECRETARIAL/MISC.

- 9-10 Month Secretarial
- 12 Month Secretarial
- Substitute Secretarial
- PC Technician
- Other

#### OPERATIONS

- Bus Driver
- Substitute Driver
- Custodian
- Substitute Custodian
- Other

### Skills/Experience

List special skills/experiences that qualify you for the position:

Computer/Software experience:

Office Machines:

Food Service Equipment:

Cleaning Equipment:

### Education

	Name/Location	Dates Attended	Date Graduated	Subjects/Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Work Experience

Dates Employed	Employer/Address/Phone	May We Contact?	Supervisor	Type of work	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Professional References

Reference 1	<input type="text"/>	Employer	<input type="text"/>
Job Title	<input type="text"/>	Years Known	<input type="text"/>
		Phone	<input type="text"/>
Reference 2	<input type="text"/>	Employer	<input type="text"/>
Job Title	<input type="text"/>	Years Known	<input type="text"/>
		Phone	<input type="text"/>
Reference 3	<input type="text"/>	Employer	<input type="text"/>
Job Title	<input type="text"/>	Years Known	<input type="text"/>
		Phone	<input type="text"/>

## Background Information

**IMPORTANT NOTE:** Any false statement knowingly made in this application is grounds for disqualification and/or dismissal from employment. If in doubt, disclose and explain rather than conceal. Responding "Yes" to any of the questions is not an automatic bar to employment. The date of the offense and the relationship between the offense and the position for which you are applying will be considered. All employees are required to have a **physical examination** as a condition of employment. Because of the tremendous responsibility the Storm Lake Community School District has to its students and their families, a **criminal background check** and **child abuse registry screening** will be conducted before a candidate is approved by the district's Board of Education.

- Are you on a sex offender registry?  Yes  No
- Are you on the Department of Human Services' Child Abuse Registry?  Yes  No
- Have you ever been convicted of a crime other than parking or speeding violations?  Yes  No

If yes, please provide date, incident, city/state of charge:

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position?

Yes  No If NO, please explain:

### PLEASE ANSWER THE FOLLOWING IF YOU ARE APPLYING FOR A BUS DRIVER POSITION

(Hiring contingent upon successfully passing drug test as described in Board Policy 403.6)

Has your driving privilege ever been revoked?  Yes  No If yes, please explain:

Have you had any moving violations in the last 10 years?  Yes  No If yes, please explain:

CDL Number:  Expiration:  Type:  Restrictions:

## Authorization/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 Storm Lake Community School District regarding my professional competence, performance and character.

Applicant Signature:  Date:

# Voluntary Personal Information Form

STORM LAKE COMMUNITY SCHOOL DISTRICT

Central Administration • 419 Lake Avenue • PO Box 638 • Storm Lake, IA 50588-0638

The following information is requested in order to monitor our Affirmative Action Program and to insure equal employment opportunity. While you are not required to complete this section, your cooperation in providing the data will be appreciated.

## This voluntary information will not be used in hiring

1. Name: <input type="text"/>	2. Applying for: <input type="text"/>
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Age: <input type="text"/>
5. Vietnam Era Veteran? (service between 8/5/64 and 5/7/75) <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race/Ethnicity (check as appropriate)	8. Citizenship (check one)
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> a. U.S. Citizen
<input type="checkbox"/> a. American Indian or Alaskan	<input type="checkbox"/> b. Immigrant
<input type="checkbox"/> b. Asian	<input type="checkbox"/> c. Refugee
<input type="checkbox"/> c. Black or African American	<input type="checkbox"/> d. Non-immigrant
<input type="checkbox"/> d. Native Hawaiian or other Pacific Islander	Current Visa type: <input type="text"/>
<input type="checkbox"/> e. White	10. Nature of disability (list) <input type="text"/>
9. Mental or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. If this disability might affect your performance or create a hazard to yourself and others in connection with the position to which you have applied, please state the following:	
<input type="checkbox"/> The skills and procedures you use or intend to use to perform the job duties notwithstanding the disability.	<input type="checkbox"/> The accommodations we could make to enable you to perform the duties safely and properly.
<input type="text"/>	<input type="text"/>

## Source(s) from which you learned of this vacancy

a. Personal contact (who and where)	<input type="text"/>
b. Job announcement posted in SLCSO (building)	<input type="text"/>
c. Newspaper ad (name of paper)	<input type="text"/>
d. Other (list)	<input type="text"/>



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

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

**From: Stacey Cole, Superintendent**  
 \_\_\_\_\_  
 Storm Lake Community School District  
 \_\_\_\_\_  
 419 Lake Ave, Storm Lake, IA 50588  
 \_\_\_\_\_  
**Phone: 712-732-8060**  
 \_\_\_\_\_  
**Fax: 712-732-8063**  
 \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (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:** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(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 _____	

### **Waiver Information:**

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.