

## SOUTH HAMILTON COMMUNITY SCHOOL DISTRICT STANDARD SUPPORT STAFF APPLICATION FORM

***This application is for the position of \_\_\_\_\_.***

**A. PERSONAL INFORMATION** (please respond to each and every item)

(Last Name)	(First Name)	(Middle Initial)

Home Address
City, State, Zip

Work Address
City, State, Zip

(Home Phone)	(Work Phone)	(Cell Phone)

(Email Address)	(Date Application Submitted)

**B. CURRENT POSITION** (please respond to each item)

(Present Title)	(Length of time in current position)

Employer
Employer Address
City, State, Zip

**C. EDUCATIONAL BACKGROUND**

Please list the colleges or universities you have attended and the degrees received. List them in order, beginning with the most recent.

Name/Location of Institution	Year (s)	Degree	Major

**D. WORK EXPERIENCE**

Please list your most recent experience first, beginning with your current assignment.

Position	Name of District	City and State	Specific Years Employed

(Please explain any gaps in employment—if any.)


**E. REFERENCES**—Please list four individuals who are very familiar with your work and who may be contacted.

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

**G. HONORS AND DISTINCTIONS**—List degrees, honors, commendations, elective or appointive offices held, or other distinctions received.


**H. NARRATIVE RESPONSE**—On a separate sheet of paper (1-3 pages total), please respond to each of the following questions:

1. Why are you seeking a position at South Hamilton Community School District?
2. What experiences do you have that will help you with this position?
3. What special skills do you have that would make you a good candidate for this position?

**I. BACKGROUND INFORMATION**—Please answer each question and provide the additional information requested.

1. Have you ever filed an application with us before?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, give date. \_\_\_\_\_
2. Have you ever been employed with South Hamilton before?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, when? \_\_\_\_\_
3. If you are 18 years of age, can you provide required proof of your eligibility to work?  
\_\_\_\_\_ yes \_\_\_\_\_ no
4. Are you currently employed? \_\_\_\_\_ yes \_\_\_\_\_ no
5. May we contact your employer?  
\_\_\_\_\_ yes \_\_\_\_\_ no Name \_\_\_\_\_ Number \_\_\_\_\_
6. Are you prevented from lawfully becoming employed in this country because of Immigration status? (*Proof of citizenship or immigration will be required upon employment.*) \_\_\_\_\_ yes \_\_\_\_\_ no
7. Are you currently on “lay-off” status and subject to recall?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach an explanation.
8. Have you ever been convicted of a violation of law other than a minor traffic violation? (The term “conviction” includes any conviction, a guilty plea, a plea of nolo contendere or no contest, a suspended sentence, a deferred sentence, a deferred judgement, or a finding of guilt by a jury or judge.)  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach an explanation.
9. Have you ever been terminated or discharged, or resigned at the request of your employer? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach an explanation.
10. Have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach an explanation.
11. Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach an explanation.
12. Has there been any incident that could negatively affect your ability to work in this District?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach an explanation.

**J. AUTHORIZATION**—Please read carefully and then sign your name if you agree to the terms.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the District discovers the violation of its policy regarding application form dishonesty.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**K. ADDITIONAL AUTHORIZATION**—Please read carefully, then sign and date.

I acknowledge that the position with South Hamilton Community School District is a position of public trust and I specifically authorize the Board of Directors, or its agents, with respect to this application to contact my references, to investigate my background, and to make such other inquiries as the Board in its discretion deems relevant to assess my qualifications for the position which I have applied. I authorize former employers, my references or any other person contacted by the Board or its agents in investigating the merits of my application to disclose personnel records and appraisals of my performance or information about my qualifications, and release them from any liability for such disclosure.

I further understand that if I apply for employment with the District, the District may conduct a check of my criminal background. I agree to sign a DCI Criminal Background Check Waiver authorizing the District to obtain a check of my criminal history, and I further agree to provide all information necessary to obtain this criminal background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The South Hamilton Community School District provides equal employment opportunities to all persons regardless of race, color, national origin, creed, religion, sex, marital status, age, sexual orientation, gender identity or disability. If you have any questions regarding this policy, please contact the South Hamilton Equity Coordinator (Superintendent of Schools).

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation that you believe is appropriate:

\_\_\_\_\_

\_\_\_\_\_

**L. APPLICATION INFORMATION**

1. All application materials should be returned to:

Superintendent  
South Hamilton Community School  
315 Division Street  
Jewell, Iowa 50130-0100  
Telephone 515-827-5479  
Fax 515-827-5368 (we prefer to receive hard copies of your application)  
Email superintendent@s-hamilton.k12.ia.us  
Web Site www.s-hamilton.k12.ia.us

2. In order to be considered for this position, your application materials must include the following items:
  - a. a letter of application
  - b. completed application form (including signatures)
  - c. written response to the questions

Note: Application form can be downloaded from the South Hamilton Community School District web site at [www.s-hamilton.k12.ia.us](http://www.s-hamilton.k12.ia.us).