

ADEL DESOTO MINBURN CSD
215 N. 11th St., ADEL, IA 50003
Application for Classified Position

Last Name	First Name	Middle Initial
Address		City
		State
		Zip Code
Telephone Numbers:		Social Security Number
Home:	Work:	
E-mail _____		

POSITION DESIRED

_____	Teacher Associate	_____	Custodial	_____	Transportation
_____	Food Service	_____	Clerical	_____	Central Office

REFERENCES

List three references. These individuals should be people in a supervisory capacity with whom you have worked in your most recent job experiences.

NAME	POSITION	ADDRESS	PHONE
1.			()
2.			()
3.			()

EDUCATIONAL PREPARATION

SCHOOL	LOCATION	DATES	GRADUATION	
			Year	Degree
College				
Business/Trade School				

ALL APPLICANTS/OTHER QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience.

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TO BE COMPLETED BY CLERICAL OR TEACHER ASSOCIATE APPLICANTS ONLY.

Indicate equipment you have experience operating (check all that apply):

_____ Calculator	_____ Software for a desktop or laptop computer
_____ Overhead Projector	_____ Macintosh
_____ Copy Machine	_____ Spreadsheet
_____ Film Projector	_____ Data base
_____ Telephone	_____ Word processing
_____ Fax Machine	_____ Clip art
_____ VCR/DVD	_____ Other (list)

TO BE COMPLETED BY CUSTODIAL APPLICANTS ONLY.

_____ Bus driving	_____ Carpenter work	_____ Cement work
_____ Electrical work	_____ Furnace work	_____ Window washing
_____ Plumbing	_____ Roofing	_____ Building maintenance
_____ Glazing	_____ Grass cutting	_____ Grounds care
_____ Machine shop	_____ Masonry work	_____ Painting
_____ Truck driving	_____ Motor vehicle repair	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Complete this page even if you are supplying a resume.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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TEACHER ASSOCIATE APPLICANTS:

Write a short paragraph describing your experiences working with young children, adolescents, and young adults.

In what subject areas do you feel the most qualified to assist in the teaching of young children, adolescents and young adults?

What assets do you consider yourself to possess that best qualify you for the position?

What tasks do you hope to be performing should you be hired as a teacher associate?

MILITARY DUTY

Active Duty: _____	Reserve Duty: _____
Branch: _____	Branch: _____
Location on Duty: _____	Obligation Period: _____
Rank at Discharge: _____	Obligation Times: _____

PREVIOUS ADM EMPLOYMENT

Are you now or have you ever worked for the ADM CSD? _____
If yes, when and in what capacity? _____
Why did you leave employment with the ADM district? _____

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BACKGROUND INFORMATION

Yes/No

_____ Are you on a sex offender registry?

_____ Are you on the Department of Human Services' child abuse registry?

_____ Have you ever been asked to resign from a position or been given the choice of resigning or being terminated from your position?

_____ Have you ever been found guilty, accepted a guilty or Alford plea, or entered a plea of no-contest for any criminal charge?

_____ Have you ever received a deferred judgment, or in some other way had a guilty plea or conviction removed from your record?

_____ 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?

_____ Have you ever been the subject of an investigation or formal or informal proceeding resulting in disciplinary action (including verbal warning up to termination) that may result in public embarrassment for the ADM Community School District if revealed?

Please provide a brief narrative explaining any "Yes" response. _____

_____ Are you able to perform with or without reasonable accommodation, the essential job functions required of this position? If no, please explain. _____

Responding "yes" to any of the previous 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.

AGREEMENT

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-at-will.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the ADM Community School District must be filed not more than **six (6) months** after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

If you are hired, this application becomes part of your official employment record.

Full name: _____ Application Date: _____

RETURN TO: ADM COMMUNITY SCHOOL DISTRICT
215 N. 11th St.
Adel, IA 50003
Phone: (515) 993-4283
An Equal Opportunity Employer

**ADEL DESOTO MINBURN CSD
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It is the policy of the Adel DeSoto Minburn 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 the district's Equity Coordinator, Nancy Gee, Business Manager, 215 N. 11th St., Adel, Iowa 50003, 515-993-4283, ngee@admschools.org; or the Director of the Office for Civil Rights U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-7204, Telephone: (312) 730-1560, FAX: (312) 730-1576, Email: OCR.Chicago@ed.gov.