



GLENWOOD-APEX REGIONAL CHILDREN'S PROGRAM

Position:	Date:
Date available to start:	Desired salary:

APPLICANT INFORMATION

How were you referred to the Glenwood-Apex RCP?

Name:			SSN:
Last	First	MI	
Address:	City:	State:	Zip:
Phone:	Email:		

License, endorsement, or certification (if applicable):

Are you U.S. citizen? Yes No Are you eligible to work in the U.S.? Yes No Type employment desired? Full time Part Time Temporary Seasonal

Driver's license number:	State:
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EDUCATION

College	Location	# Hours Beyond Highest Degree	Degree Major & Minor Fields	Dates Attended/ Graduated

High school:	Address
Did you graduate? Yes <input type="radio"/> No <input type="radio"/>	Degree:
Other:	Address:
Did you graduate? Yes <input type="radio"/> No <input type="radio"/>	Degree:

MILITARY

Active Duty: From:	To:	Reserve Duty:
Branch:	Branch:	
Location of Duty:	Obligation:	
Rank at Discharge:	Times of current training duty:	
Type of Discharge:		



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SKILLS					
Word processing? Yes <input type="radio"/> No <input type="radio"/>		Microsoft products? Yes <input type="radio"/> No <input type="radio"/>		Apple products? Yes <input type="radio"/> No <input type="radio"/>	
Word? Yes <input type="radio"/> No <input type="radio"/>		Excel? Yes <input type="radio"/> No <input type="radio"/>		PowerPoint? Yes <input type="radio"/> No <input type="radio"/>	
Access? Yes <input type="radio"/> No <input type="radio"/>		Website development? Yes <input type="radio"/> No <input type="radio"/>		Internet searches? Yes <input type="radio"/> No <input type="radio"/>	
Others: ? Yes <input type="radio"/> No <input type="radio"/>					
PREVIOUS EMPLOYMENT (please begin with most recent position)					
Dates of employment: From:		To:	Position:		
Employer:			Address:		
Phone:		Supervisor:		Title:	
Responsibilities:					
Title and Starting salary:			Title and Ending salary:		
Reason for leaving:					
May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>					
Dates of employment: From:		To:	Position:		
Employer:			Address:		
Phone:		Supervisor:		Title:	
Responsibilities:					
Title and Starting salary:			Title and Ending salary:		
Reason for leaving:					
May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>					
Dates of employment: From:		To:	Position:		
Employer:			Address:		
Phone:		Supervisor:		Title:	
Responsibilities:					
Title and Starting salary:			Title and Ending salary:		
Reason for leaving:					
May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>					
Dates of employment: From:		To:	Position:		
Employer:			Address:		
Phone:		Supervisor:		Title:	
Responsibilities:					
Title and Starting salary:			Title and Ending salary:		
Reason for leaving:					
May we contact this employer for a reference? Yes <input type="radio"/> No <input type="radio"/>					

Please attach resume to include all employment history if additional space is needed



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REFERENCES

Please provide names and phone numbers of three individuals to whom you are not related and by whom you have not been employed. For a teaching position, please list at least three individuals who have evaluated your teaching skills and/or abilities.

Name:

Phone:

Name:

Phone:

Name:

Phone:

Have you previously held a licensed position in an Iowa public school? Yes No District: _____

BACKGROUND CHECK INFORMATION:

In addition to the following information, a thorough background check may be made at the option of the Glenwood-Apex Regional Children's Program.

"YES" answers to the following questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events that led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability for employment. Please note that your failure to provide complete, truthful and accurate information will most likely lead to Glenwood-Apex Regional Children's Program not hiring you and/or, if you are hired, terminating your employment upon the discovery of the incorrect, false or inaccurate information.

- A. Have you ever been convicted of, admitted committing, pleaded no contest, or are you awaiting trial for any crime (excluding only minor traffic violations that do not involve any allegations of alcohol, drugs, or reckless driving) or have any civil charges previously or pending involving allegations of child abuse or spousal abuse? You must answer "YES" even if the matter was later dismissed, deferred, reversed, or vacated. If you answer "YES" to any of the following, on a separate sheet of paper attach and provide an explanation including dates of the proceedings, the name and address of the court and/or employer or licensing body where the proceedings occurred, a statement of the accusation against you and the final disposition of the matter.

No Yes, attach a separate sheet for explanation.

- B. Have you ever been dismissed (fired) from any job, or resigned at the request of or pressure from your employer, or left employment while charges or an investigation of your behavior was pending or been refused tenure, reappointment or continuing contract from any employer? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement, regardless of the terms. If you answer "YES" you must provide the date of termination or resignation and other action concerning tenure, reappointment or continuing contract denial, and the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination or resignation.

No Yes, attach a separate sheet for explanation.



C. Have you ever had any license or certificate of any kind (teaching certificate or other professional license) revoked, suspended, or reprimanded, or have you in any way been sanctioned, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES" you must provide the dates of proceedings, name, address and telephone number of the agency or body or employer and where proceedings took place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.

- No Yes, attach a separate sheet for explanation.

VERIFICATION STATEMENT

I hereby certify that the information in this Application for Employment is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application for employment.

I also understand and acknowledge that if I am employed by Glenwood-Apex Regional Children's Program that any misrepresentation or omission of any fact whenever discovered in my application, resume or any other materials, or during any interviews, may be the cause for my rejection from employment or may result in my subsequent dismissal if I am hired.

I also understand that if I accept a position with Glenwood-Apex Regional Children's Program, the statements on this application will become part of my permanent record.

I also 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 (DOT) driving record verification (if a driver's license is required for the position applied). I also understand and agree that with my signature on this document I give permission to the Hamburg Community School District to conduct: 1) Criminal History Records Check, 2) Child Abuse Registry Check, 3) a Driver's Record Check, 4) education verification, and 5) background information. Finally, I acknowledge and understand that before an offer of employment would be made, I would have to agree to and sign a Background and Employment Information Authorization and Release.

SIGNATURE OF APPLICANT

DATE