

DATE:

# JANESVILLE CSD

P.O. Box 478 319-987-2581 505 Barrick Road

Janesville, Iowa 50647-0478 FAX 319-987-2824

## **APPLICATION – CERTIFIED EMPLOYMENT**

NAME: (Last)	(First)	(Middl	e)
ADDRESS:			
CITY, STATE, ZIP: _			
PHONE:			
(Home)	(Work)	(Cell)	
E-MAIL ADDRESS:			
Are you able to perf		reasonable acco	
Are you able to perfethe essential job fu	orm, with or without	reasonable acco	
POSITION DESIRED:  Are you able to perfethe essential job fur  EDUCATION:  School - College - University	orm, with or without	reasonable acco	
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Dates	Location	Supervisor	Phone	Subject/Grade
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OTHER EMPL	OYMENT:			
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Reason For Leaving:				

### MILITARY SERVICE:


#### REFERENCES:

Name	Address	Phone	Position/Title

## BACKGROUND:

GROUND: Are you on the sex offender registry?	Y	N	
Are you on the DHS child abuse registry?	Y	N	
Have you ever been convicted of (or have charges pending toward) a violation of the law other than a minor traffic violation? (The term "convicted" includes any conviction, a guilty plea, a plea of no contest, a suspended sentence and a deferred			
judgment)	Y	N	
Have you ever been asked to resign from a position, or been given the choice of resigning or being terminated from your position?	Y	N	
Have you ever been the subject of an investigation or other formal/informal proceeding that resulted in your termination or resignation?	Y	N	
Have you ever been the subject of an investigation or other formal/informal proceeding resulting in disciplinary action (including verbal warning of termination) which may result in embarrassment for the Janesville CSD if revealed?	Υ	N	
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• If you have answered 'Y' to any of the above, please attach a written response describing, in detail, an explanation of the circumstances involved. Responding 'Yes' to any of the above questions is not automatic bar to employment.

#### AGREEMENT:

I hereby certify that the information provided in this application, 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 consent to a background check to be conducted by the school district as a condition of my employment.

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Signature:	Date:	
	 20.00	

#### Please return to:

Janesville CSD, Superintendent's Office, PO Box 478, Janesville, IA 50647

The Janesville CSD will select for employment qualified applicants for each position without discrimination on the basis of race, color, creed, sex, national origin, religion, age, sexual orientation, gender identity, or disability. Persons with disabilities who can perform the essential functions of an assignment with or without reasonable accommodations shall be considered qualified applicants. The District shall take affirmative action in the recruitment, appointment, assignment and advancement of personnel to accomplish the goals of equal employment opportunity. In keeping with the law, the District shall consider the veteran status of applicants.