

CLARKSVILLE COMMUNITY SCHOOL DISTRICT TEACHER/CERTIFIED EMPLOYMENT APPLICATION

Please fill in all blanks or circle yes/no. If information required is not applicable, please fill in by placing an **N/A** in that blank. Please make copies (keep your originals) of all materials that you submit.

Application Date: _____ Date Available: _____

Name: _____ Social Security #: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Position(s) for which you are applying: _____

Have you applied for, or do you hold an Iowa Teacher License/Coaching Certificate or a license from another state? **Yes No** (If yes, please enclose a copy of license or list date you applied including the approvals/endorsements that your new license will include.)

Have you ever had an educational license revoked or suspended or are you currently or have ever been under investigation? Have you ever had a teaching contract terminated? **Yes No**
(If yes, include dates below and provide an explanation.)

If yes, please explain: _____

Are you under a teaching contract for the current school year? **Yes No** For the next school year? **Yes No**
(If yes, list contract years and whether you be released from your contract?) _____

If you have previously held a licensed position in a public school, have you successfully completed an official probation period? **Yes No** (If yes, length of probationary period.) _____

If you are presently teaching or have taught, what is/was your placement on the salary schedule and number of total years taught? _____

Are you presently working on an advanced degree? **Yes No**
(If yes, please indicate degree/area) _____

Have you served in the U.S. Military? **Yes No**
(If yes, please list branch, dates, rank, location of duty and discharge status.) _____

With or without reasonable accommodation are you able to perform the essential job functions required of this position? **Yes No**

If no, please explain: _____

Work Experience (List your work/qualifying experiences for the previous 10 years, starting with the most recent - place additional on a separate sheet): If the work below includes student teaching provide the name and phone number of the supervising faculty and teacher. Do not include any substitute teaching.

Employer: _____ **Dates Employed:** _____

Address: _____ **City/State/Zip:** _____

Position: _____ **Supervisor's Name/Phone:** _____

Duties/Responsibilities/Skills: _____

(Include extra-curricular)

Reason For Leaving: _____

Employer: _____ **Dates Employed:** _____

Address: _____ **City/State/Zip:** _____

Position: _____ **Supervisor's Name/Phone:** _____

Duties/Responsibilities/Skills: _____

(Include extra-curricular)

Reason For Leaving: _____

Employer: _____ **Dates Employed:** _____

Address: _____ **City/State/Zip:** _____

Position: _____ **Supervisor's Name/Phone:** _____

Duties/Responsibilities/Skills: _____

(Include extra-curricular)

Reason For Leaving: _____

Please list any volunteer activities; special skills, licenses or training that would enhance your qualifications for the job(s) for which you are applying. _____

Professional References (List at least three related to employment – place additional references on a separate sheet): Please include principal and superintendent for all contract teaching assignments.

Reference’s Name: _____ **Phone Work/Home:** _____

Address: _____ **City/State/Zip:** _____

Relationship: _____

Reference’s Name: _____ **Phone Work/Home:** _____

Address: _____ **City/State/Zip:** _____

Relationship: _____

Reference’s Name: _____ **Phone Work/Home:** _____

Address: _____ **City/State/Zip:** _____

Relationship: _____

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 understand that prior to employment, a criminal background check, including the list of sex offenders and the child abuse registry will be done.

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 understand that a physical must be completed prior to employment. I also understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S citizen status or their legal authorization to work in the U.S. I further agree if employed, I will accept assignments to grade level, subjects, and activities made by the superintendent and/or Clarksville Community School Board of Education

Signature: _____ **Date:** _____

Please return to: HR Director, Clarksville CSD, 318 N Mather, Clarksville, IA 50619.

Students, parents, employees and others doing business with or performing services for the Clarksville Community School District are hereby notified that this school district does not discriminate on the basis of race, color, age (for employment), religion, national origin, creed, sex, marital status, sexual orientation, gender identity or disability and socioeconomic status in admission or access to, or treatment in, its programs and activities.

It is the policy of the Clarksville 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 Eric Eckerman, Equity Coordinator, 318 N Mather St, Clarksville, IA 50619, 319-278-4560, eeckerman@clarksville.k12.ia.us.