

# Howard-Winneshiek Community School District Employment Application

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

Date: \_\_\_\_\_

**POSITION DESIRED:**

(Circle Aide areas, if you have a preference)

- Aide — Clerical, Guidance, Library and Special Education
- Custodial
- Food Service
- Secretary
- Transportation
- Summer Help
- Other: \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last
First
Initial

Present Address: \_\_\_\_\_  
Street or Rural Route
City
State
Zip Code

How long at present address? \_\_\_\_\_

Area Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employment desired: \_\_\_ Full-Time Only \_\_\_ Part-Time Only \_\_\_ Full or Part-Time \_\_\_ Seasonal

When available for work? \_\_\_\_\_

**Education:**

Type of School	Name of School	Location (Complete mailing Address)	# of Years Completed	Major & Degree
High School				
Graduation Date:				
College				
Graduation Date:				
Bus. or Trade School				
Graduation Date:				
Professional School				
Graduation Date:				

Have you been convicted of violating either a State or Federal law?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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**To Be Completed by Aide and Secretary Applicants, ONLY:**

(Check the items you have experience in)

Basic payroll preparation       Handling of cash receipts       Computer/word processing  
 Assisting children       Copy machine       Public Relations       Calculator/10 Key

**To Be Completed by Custodial and Maintenance Applicants, ONLY:**

(Check the items you have work experience in)

Carpenter       Glazing       Grass cutting       Electrical  
 Ground Care       Cement/Masonry       Machine Shop       Furnace  
 Plumbing       Window washing       Painting       Roofing

Other: \_\_\_\_\_  
\_\_\_\_\_

**To Be Completed by Bus or Truck Driver Applicants, ONLY:**

Driver License Number: \_\_\_\_\_ No. of Years Qualified: \_\_\_\_\_

Chauffeur's License Number: \_\_\_\_\_ No. of Years Qualified: \_\_\_\_\_

Has your motor vehicle license been revoked or suspended within the last 5 years? \_\_\_\_\_

Have you had any accidents during the last three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you been convicted of violating either a State or Federal law? \_\_\_\_\_

If yes, explain number of

Driving Experience:	No. of Years:	For Whom:
1. 2 ton or over single unit	_____	_____
2. Semi with tractor	_____	_____
3. Bus	_____	_____
4. Other	_____	_____

**Mechanical Experience:**

Please indicate any training or experience on motors, ignition, bodies, etc. (If none, please check, none)

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None

**WORK EXPERIENCE:**

Please list your work experience for the **PAST FIVE YEARS** beginning with your most recent job held. If you were self-employed, give firm name. Attach addition sheets if necessary.

<b>Name of employer</b> <b>Address</b>  <b>City, State, Zip Code</b> <b>Phone Number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or Salary</b>
		<b>From:</b>  <b>To:</b>	<b>Start:</b>  <b>Final:</b>
	<b>Your last job title:</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

<b>Name of employer</b> <b>Address</b>  <b>City, State, Zip Code</b> <b>Phone Number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or Salary</b>
		<b>From:</b>  <b>To:</b>	<b>Start:</b>  <b>Final:</b>
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<b>Name of employer</b> <b>Address</b>  <b>City, State, Zip Code</b> <b>Phone Number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or Salary</b>
		<b>From:</b>  <b>To:</b>	<b>Start:</b>  <b>Final:</b>
	<b>Your last job title:</b>		

**Reason for leaving (be specific)**

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

<b>Name of employer</b> <b>Address</b>  <b>City, State, Zip Code</b> <b>Phone Number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or Salary</b>
		<b>From:</b>  <b>To:</b>	<b>Start:</b>  <b>Final:</b>
	<b>Your last job title:</b>		

**Reason for leaving (be specific)**

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

MAY we contact your present employer?     Yes     No

**MILITARY RECORD:**

Have you ever been in the Armed Forces?     Yes     No

Are you now a member of the National Guard?     Yes     No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

I HEREBY CERTIFY, UNDER PENALTY OF IMMEDIATE DISMISSAL, THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AND AUTHORIZE THE DISTRICT TO CONSULT PREVIOUS AND PRESENT EMPLOYERS. MY SIGNATURE GIVES AUTHORIZATION FOR THE BOARD OF EDUCATION TO ENTER CLOSED SESSION TO DISCUSS MY APPLICATION CREDENTIALS.

APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

IT IS THE POLICY OF THE HOWARD-WINNESHIEK COMMUNITY SCHOOL DISTRICT TO PROVIDE EQUAL OPPORTUNITY IN EMPLOYMENT TO ALL PERSONS REGARDLESS OF SEX, RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, ABILITY OR DISABILITY, MARITAL STATUS OR CREED.

## Background Screening Information Form

**Basic Information**

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

**Motor Vehicle Records Check**

Drivers License Number	State Issued

**Address History** Please provide a complete address history for the last SEVEN-year period.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

**Degree Verification**

Institution Name	City	State
Institution Phone Number	Degree	
Start Date	End Date	
Degree	Study Major	

**Employer Verification**

Please note, in order to verify a job candidate's employment history, we will be contacting the employer you provide information for on this form. If you do not wish for your current employer to be contacted, please provide a previous employer instead.

Company Name	
Company Address / City / State	
Title (optional)	Salary (optional)
Start and End Date	Reason for leaving (optional)
Contact Name	Contact Phone
Contact Email	

**Professional License Verification**

License Authority Name	License Number
License Authority Phone Number	State Issued
Issued Date	Expiration Date
Status	

## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that Howard Winneshiek CSD (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC**, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website [www.C4Operations.com](http://www.C4Operations.com). After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, do you want a copy of any Consumer Report prepared concerning you? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor





Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry, Dependent Adult Abuse Registry, Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last CASTONGUAY First LESTER (BUZZY) Agency Name C4 OPERATIONS INC Telephone Number (888) 519-6283
Address 1201 EDGEWOOD RD SW Fax Number (888) 634-7091
City CEDAR RAPIDS State IOWA Zip Code 52404 Email ADMIN@C4OPERATIONS.COM
List the name and address of the person whose information is being requested:
Name (last, first, middle) Birth Date Social Security Number
Address City County State Zip Code
List maiden name, previous married names, and any alias:
What is the purpose of your request for child or dependent adult abuse information? Employment
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.
Signature of Requestor Date 1/29/2018

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing Date

Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee Date

Comments