



# Riceville Community Schools

912 Woodland Ave, Riceville, Iowa 50466 ♦ 641-985-2288

<https://www.riceville.k12.ia.us>

## APPLICATION FOR EMPLOYMENT

Riceville Community School District does not discriminate on the basis of age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, or familial status in its educational programs or employment practices. If you have any questions or grievances related to this policy, please contact Barb Schwamman, Superintendent, 912 Woodland Ave, Riceville, Iowa 50466, phone 641-985-2288.

DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU A UNITED STATES CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU UNDER CONTRACT AT THIS TIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU UNDER CONTRACT FOR THE NEXT YEAR? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED HERE? \_\_\_\_\_ YES \_\_\_\_\_ NO IF SO, WHEN? \_\_\_\_\_

ARE YOU RELATED TO A MEMBER OF THE BOARD OF EDUCATION OR ANY OTHER EMPLOYEE OF THE SCHOOL?  
\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, IDENTIFY AND DESCRIBE RELATIONSHIP: \_\_\_\_\_

ARE YOU A MILITARY VETERAN/SERVICEMAN? \_\_\_\_\_ YES \_\_\_\_\_ NO DATES OF SERVICE: \_\_\_\_\_

ARE YOU APPLYING FOR A SPECIFIC POSITION? \_\_\_\_\_ YES \_\_\_\_\_ NO WHAT POSITION? \_\_\_\_\_

### EDUCATIONAL EXPERIENCE

SCHOOL	LOCATION	DEGREE/MAJOR FIELD	DATES ATTENDED
			GRADUATED: ___ YES ___ NO
			GRADUATED: ___ YES ___ NO
			GRADUATED: ___ YES ___ NO

PLEASE LIST ANY SPECIAL CERTIFICATES OR ADDITIONAL TRAINING YOU HAVE

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**WORK EXPERIENCE** (PLEASE NOTE IF ANY PAST EMPLOYERS SHOULD NOT BE CONTACTED AND WHY)

DATES OF EMPLOYMENT	NAME, ADDRESS, & PHONE NUMBER	SUPERVISOR'S NAME & PHONE NUMBER	POSITION	REASON FOR LEAVING
FROM: TO:				

**REFERENCES** (PLEASE LIST A MINIMUM OF THREE)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER AND/OR EMAIL ADDRESS

**BACKGROUND INFORMATION** (PLEASE ANSWER EACH QUESTION BY MARKING THE APPROPRIATE BOX)

- YES    NO   ARE YOU ON A SEX OFFENDER REGISTRY IN ANY STATE, OR HAVE YOU EVER BEEN FOUND GUILTY OR ENTERED A PLEA OTHER THAN NOT GUILTY TO A SEX OFFENSE?
- YES    NO   ARE YOU ON THE IOWA DEPARTMENT OF HUMAN SERVICES' CHILD ABUSE REGISTRY OR A SIMILAR CHILD ABUSE REGISTRY IN ANY STATE, OR HAVE YOU EVER BEEN FOUND GUILTY OR ENTERED A PLEA OTHER THAN NOT GUILTY TO A CHILD ABUSE CHARGE?
- YES    NO   HAVE YOU EVER BEEN FOUND GUILTY/CONVICTED, ENTERED A GUILTY PLEA, OR ENTERED ANY PLEA OTHER THAN NOT GUILTY TO A CRIMINAL CHARGE?
- YES    NO   HAVE YOU EVER RECEIVED A DEFERRED JUDGMENT, OR IN SOME OTHER WAY HAD A GUILTY PLEA OR A CONVICTION REMOVED FROM YOUR RECORD?
- YES    NO   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?
- YES    NO   HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION OR INFORMAL PROCEEDING THAT RESULTED IN DISCIPLINARY ACTION (I.E. WARNING, REPRIMAND, SUSPENSION, TERMINATION, ETC.)?
- YES    NO   HAVE YOU EVER BEEN ASKED TO RESIGN FROM A POSITION OR BEEN GIVEN THE CHOICE OF RESIGNING OR BEING TERMINATED FROM YOUR POSITION?
- YES    NO   DO YOU HAVE A CURRENT AND VALID DRIVER'S LICENSE?

**\*\*NOTE: BY RESPONDING "YES" TO ANY OF THE PREVIOUS QUESTIONS IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. THE NUMBER, NATURE, SERIOUSNESS, AND DATE OF THE OFFENSE(S), IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. YOU MAY PROVIDE ADDITIONAL EXPLANATION TO ANY OF THE ABOVE "YES" ANSWERS AT YOUR OWN DISCRETION.\*\***

**VOLUNTARY PRE-EMPLOYMENT INFORMATION  
RICEVILLE COMMUNITY SCHOOL DISTRICT**

THE RICEVILLE COMMUNITY SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER. COMPLETION OF THIS FORM IS OPTIONAL. HOWEVER, WE WOULD APPRECIATE IT IF YOU WOULD SUPPLY THE REQUESTED INFORMATION. IN ORDER TO COMPLY WITH REGULATIONS ESTABLISHED BY THE U.S. EQUAL OPPORTUNITY COMMISSION, THE OFFICE OF CIVIL RIGHTS IN THE U.S. DEPARTMENT OF EDUCATION, IOWA CODE 198.11, AND I.A.C. 281-CH 95, THE DISTRICT MUST REPORT STATISTICAL SUMMARIES OF THE INFORMATION REQUESTED. THE INFORMATION IS USED FOR THIS PURPOSE AND OTHER AFFIRMATIVE ACTION PURPOSES ONLY. THIS PRE-EMPLOYMENT INFORMATION FORM WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT AND WILL IN NO WAY AFFECT YOUR POSSIBILITIES FOR EMPLOYMENT.

**PLEASE PRINT**

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**GENDER:**  MALE  FEMALE      **ARE YOU A U.S. CITIZEN?**  YES  NO      IF NO, INDICATE TYPE OF VISA: \_\_\_\_\_

**PLEASE IDENTIFY YOUR RACE/ETHNIC GROUP:**

- WHITE (NON-HISPANIC)     BLACK/AFRICAN AMERICAN (NON-HISPANIC)     AMERICAN INDIAN/ALASKAN NATIVE  
 HISPANIC/LATINO         NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER     ASIAN  
 TWO OR MORE RACES

**VETERAN STATUS:** VETERAN  YES  NO

**DISABILITY:**  YES  NO

IF YES, IDENTIFY ANY ACCOMMODATIONS WE COULD MAKE WHICH WOULD ENABLE YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF YOUR JOB PROPERLY AND SAFELY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- POSITIONS APPLYING FOR:**
- |  |   |
|--|---|
| <input type="checkbox"/> ADMINISTRATOR | <input type="checkbox"/> TEACHER/COUNSELOR/MEDIA SPECIALIST |
| <input type="checkbox"/> PARAEDUCATOR  | <input type="checkbox"/> NURSE                              |
| <input type="checkbox"/> SECRETARY     | <input type="checkbox"/> SUBSTITUTE POSITION IN DISTRICT    |
| <input type="checkbox"/> BUS DRIVER    | <input type="checkbox"/> CUSTODIAL/MAINTENANCE              |
| <input type="checkbox"/> OTHER: _____  |   |

**SOURCE FROM WHICH YOU LEARNED ABOUT THIS POSITION:**

- PERSONAL CONTACT     DISTRICT'S WEBSITE     IOWAWORKS  
 RECRUITING FAIR       COLLEGE PLACEMENT     WORKFORCE DEVELOPMENT  
 IOWA REAP             OTHER

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**EMPLOYEE AUTHORIZATION**

YES  NO ARE YOU ABLE TO PERFORM, WITH OR WITHOUT ANY REASONABLE ACCOMMODATION, THE ESSENTIAL JOB FUNCTIONS REQUIRED OF THIS POSITION? IF YOU RESPOND "NO", PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO THE FULLEST EXTENT PERMITTED BY STATE AND FEDERAL LAW, THE EMPLOYER WILL CONSIDER ALL INFORMATION CONCERNING AN APPLICANT OR AN EMPLOYEE IN MAKING HIRING, FIRING AND OTHER EMPLOYMENT RELATED DISCUSSIONS. THE TERM "ALL INFORMATION" INCLUDES INFORMATION OF ANY KIND (VERBAL, ELECTRONIC, ETC.) FROM ANY SOURCE. THE EMPLOYER WILL CONSIDER PUBLIC INFORMATION THAT IS CONTAINED IN SOCIAL NETWORKING SITES, BLOGS, AND OTHER ELECTRONIC SITES SUCH AS YOUTUBE. IF THERE IS INFORMATION THAT PERTAINS TO YOU THAT BELIEVE REQUIRES EXPLANATION, INTERPRETATION, OR CLARIFICATION WHEN IT IS CONSIDERED BY THE EMPLOYER, IT IS YOUR OBLIGATION TO COMMUNICATE THIS INFORMATION TO THE EMPLOYER. INFORMATION THAT IS RELEVANT TO THE EMPLOYER'S DECISIONS WILL BE CONSIDERED REGARDLESS OF THE DATE ON WHICH THE INFORMATION WAS FIRST PUBLISHED, CREATED, OR MADE ACCESSIBLE TO THE EMPLOYEE.**

*I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. 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 THE RICEVILLE COMMUNITY SCHOOL DISTRICT, ANY MISREPRESENTATION OR OMISSION OF FACT WHENEVER DISCOVERED IN MY APPLICATION, RESUME, OR ANY OTHER MATERIALS, OR DURING ANY INTERVIEWS, MAY BE SUFFICIENT CAUSE FOR DISQUALIFICATION OF THIS APPLICATION OR MAY RESULT IN MY SUBSEQUENT DISMISSAL IF HIRED. I AUTHORIZE VERIFICATION OF ANY OF THIS INFORMATION.*

*I HEREBY AUTHORIZE THE RICEVILLE COMMUNITY SCHOOL DISTRICT AND ITS EMPLOYEES OR AGENTS TO INVESTIGATE MY EMPLOYMENT HISTORY, CRIMINAL RECORDS, IF ANY, AND PERSONAL HISTORY. I AUTHORIZE CURRENT AND FORMER EMPLOYERS, PROFESSIONAL COLLEAGUES, INSTRUCTORS, FRIENDS, AND ANY OTHER PERSON OR ENTITY TO RELEASE ANY INFORMATION CONCERNING MY PROFESSIONAL COMPETENCE, PERFORMANCE, BACKGROUND, AND CHARACTER. I HEREBY RELEASE AND DISCHARGE THE RICEVILLE COMMUNITY SCHOOL DISTRICT, ITS EMPLOYEES AND AGENTS, AND ANY OTHER PERSON, FIRM, AGENCY, OR CORPORATION FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE, RELATING TO AN INVESTIGATION OR MY BACKGROUND IN RELATIONSHIP TO THIS APPLICATION AND REGARDING INFORMATION PROVIDED TO THE SCHOOL DISTRICT RELATING TO MY APPLICATION FOR EMPLOYMENT.*

*I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT BEFORE ANY CONTRACT BECOMES EFFECTIVE OR COMPENSATION IS POSSIBLE, IT MUST BE APPROVED BY THE BOARD OF EDUCATION AND SIGNED BY ITS PRESIDENT. I UNDERSTAND THAT EMPLOYMENT IS "AT WILL" OF THE DISTRICT. I ALSO UNDERSTAND THAT ALL EMPLOYERS ARE REQUIRED TO HAVE A PHYSICAL EXAMINATION AS A CONDITION OF EMPLOYMENT. IN ADDITION, I 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 DRIVING RECORD VERIFICATION (IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION APPLIED). I FURTHER UNDERSTAND THAT IF I ACCEPT A POSITION WITH THE RICEVILLE COMMUNITY SCHOOL DISTRICT, THE STATEMENTS ON THIS APPLICATION BECOME PART OF MY PERMANENT RECORD.*

*I UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT IS VALID FOR NO MORE THAN ONE YEAR. AFTER THAT, I MAY BE REQUIRED TO RESUBMIT AN APPLICATION IN ORDER TO BE CONSIDERED FOR POSITIONS AT THE RICEVILLE COMMUNITY SCHOOL DISTRICT.*

EMPLOYEE PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

**RETURN TO: RICEVILLE COMMUNITY SCHOOL DISTRICT  
ATTN: HOLBROOK HULSHIZER  
912 WOODLAND AVE  
RICEVILLE, IOWA 50466  
PHONE: 641-985-2288  
FAX: 641-985-4171**

