

WASHINGTON COMMUNITY SCHOOL

P.O. BOX 926

WASHINGTON, IOWA 52353

EMPLOYMENT APPLICATION

Position Applied for _____

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Phone # _____ - _____ - _____

EDUCATION

Circle highest degree completed 9 10 11 12 GED College 1 2 3 4 5 6

Dates Attended	Institution	Course of Study	Degree Attained
High School			
_____	_____	_____	__Diploma__ _GED
_____	_____	_____	__Diploma__ _GED
College			
_____	_____	_____	_____Degree
_____	_____	_____	_____Degree
_____	_____	_____	_____Degree
_____	_____	_____	_____Degree

Have you received any additional training, workshops, short courses, etc. _____

If required for this job;

- a. Do you have a valid Iowa Drivers License? Yes _____ No _____
- b. Can you obtain a valid Iowa Drivers License upon appointment? Yes _____ No _____
- c. Do you have a valid Commercial Drivers License? Yes _____ No _____
- d. Can you obtain a valid Commercial Drivers License upon appointment?
Yes _____ No _____

Please indicate whether you will submit to a physical examination by a physician after being offered employment?

Yes _____ No _____

What date would you be available to begin work? _____

EMPLOYMENT HISTORY

Start with your present or last job.
List major assignments and supervisory positions.

1. Employed by _____

Address _____

Supervisors Name _____ Phone _____ - _____ - _____

Employed from (mo-yr) _____ To (mo-yr) _____

Starting Salary \$ _____ Ending Salary \$ _____ Hrs per week _____

Job Title _____

Duties _____

Reason for Leaving _____

2. Employed by _____

Address _____

Supervisors Name _____ Phone _____ - _____ - _____

Employed from (mo-yr) _____ To (mo-yr) _____

Starting Salary \$ _____ Ending Salary \$ _____ Hrs per week _____

Job Title _____

Duties _____

Reason for Leaving _____

3. Employed by _____

Address _____

Supervisors Name _____ Phone _____ - _____ - _____

Employed from (mo-yr) _____ To (mo-yr) _____

Starting Salary \$ _____ Ending Salary \$ _____ Hrs per week _____

Job Title _____

Duties _____

Reason for Leaving _____

Are you a U. S. Veteran ? Yes _____ No _____

Branch of the Service _____

Date of Service From (mo-yr) _____ To (mo-yr) _____

Do you have any other experience or qualifications not listed before which relate to the job applied for ?

Can you perform the essential functions of the job you are applying for either with or without reasonable accommodations?

Yes _____ No _____

Have you ever been convicted of a felony? A conviction does not automatically mean that you cannot be appointed. (What you were convicted of and how long ago are important.) Please give all the facts so that a decision can be made.

All statements made on this application are true and correct. I understand that intentional false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the Washington Community School and all my previous employers (with the exception of _____) to conduct or participate in an investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Applicant's Signature

Date _____

District Equity Statement

It is the policy of the Washington Community School District not to discriminate on the basis of race, color, gender, creed, marital status, national origin, religion, disability, or sexual orientation in its educational programs, activities, or employment practices. If you believe you have (or your child has) been discriminated against or treated unjustly at school, please contact Mike Raso, Assistant Superintendent of the Washington Community School District at 319-653-6543

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, 5th Floor, Des Moines, IA 50319-0114 or fax to 515-242-6884.

To be completed by the person requesting information:

Requester One Source, The Background Check Company			
Address PO Box 24148			
City Omaha	State NE	Zip Code 68124	Phone Number 1-800-608-3645

The information concerns:

Name (first, middle initial, last)			
Maiden Name or Alias (if applicable)	Birth Date	Social Security Number	
Address			
City	State	Zip Code	County

What is the purpose of your request for dependent adult abuse information? Employment

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature

Nick Jasa

Date

To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Signature

Date

To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above 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

Date

Comments:

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Name of Requesting Organization

Legal Provisions for the Handling of Dependent Adult Abuse

Redissemination of Dependent Adult Abuse Information, Iowa Code 235B.8

A person, agency, or other recipient of dependent adult abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code section 235B.6.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties, Iowa Code 235B.12

Any person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain dependent adult abuse information under false pretense.
- Willfully communicates or seeks to communicate dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235B.6 through 235B.8.
- Is connected with any research authorized pursuant to Iowa Code section 235B.6 and willfully falsifies dependent adult abuse information or any records relating to dependent adult abuse.

Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.

Any person who knowingly, but without criminal purposes, communicates, or seeks to communicate dependent adult abuse information except in accordance with Iowa Code sections 235B.6 and 235B.8 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child 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 about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.				
1.	Requester			
	One Source, The Background Check Company			
	Address PO Box 24148			
	City Omaha	State NE	Zip Code 68124	Phone Number 1-800-608-3645
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information?			
	Employment			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature	<i>Nick Gasa</i>		Date
PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.				
Signature				Date
PART C: To be completed by the Central Abuse Registry or designee.				
1. <input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.				
2. <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.				
3. <input type="checkbox"/> The request for information is denied because the form is incomplete				
Signature				Date
Comments				

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Name of Requesting Organization

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.

