



**EMPLOYMENT HISTORY:** List your last four (4) employers. If you are employed at this time the first position listed should be your current position. Indicate “Do Not Contact” if that is your wish.

1) **Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Starting/Ending date of employment): From: \_\_\_\_\_ To: \_\_\_\_\_  
  
Immediate supervisor & title \_\_\_\_\_  
Summarize the nature of work performed & job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
  
Reason for leaving: \_\_\_\_\_

2) **Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Starting/Ending date of employment): From: \_\_\_\_\_ To: \_\_\_\_\_  
  
Immediate supervisor & title \_\_\_\_\_  
Summarize the nature of work performed & job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
  
Reason for leaving: \_\_\_\_\_

3) **Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Starting/Ending date of employment): From: \_\_\_\_\_ To: \_\_\_\_\_  
  
Immediate supervisor & title \_\_\_\_\_  
Summarize the nature of work performed & job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
  
Reason for leaving: \_\_\_\_\_

4) **Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Starting/Ending date of employment): From: \_\_\_\_\_ To: \_\_\_\_\_  
  
Immediate supervisor & title \_\_\_\_\_  
Summarize the nature of work performed & job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
  
Reason for leaving: \_\_\_\_\_

## MILITARY EXPERIENCE

BRANCH OF SERVICE	OCCUPATIONAL SPECIALIST (MOS)	INCLUSIVE DATES	RANK	TYPE OF DISCHARGE

You may, if you choose, describe any extraordinary experiences or skills acquired in the military that you believe would be relevant to employment with South Central Calhoun Community Schools

1. Have you ever been convicted or charged with any criminal conduct or offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are any criminal charges or proceedings pending against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever been convicted of or charged with any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever been charged or convicted on a drug or alcohol charge?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is “yes” to any of the four questions above, please provide a detailed explanation on a separate sheet of paper and attach to this application form.

ADDITIONAL INFORMATION:

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**PROFESSIONAL/CHARACTER REFERENCES**

The applicant is responsible for providing the names of employment references. Include the name of past supervisors or persons who are knowledgeable about your work performance.

1) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

2) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

3) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

**NOTICE – READ CAREFULLY:**

**I hereby certify that all application statements are true and complete to the best of my knowledge and that, if I am employed by South Central Calhoun Community Schools, false statements shall be sufficient cause for immediate dismissal.**

**I also understand that before beginning employment I may be required to submit a completed school district physical examination form to the District Business Manager.**

**I further understand that if I accept a position with the South Central Calhoun Community Schools, the statements on this application will become part of my permanent record.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Federal and state laws as well as South Central Calhoun policies prohibit employment and/or public accommodation discrimination on the basis of age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation, marital status, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status, familial status, or veteran’s status. If you believe you have been discriminated against, please contact the Iowa Civil Rights Commission at 800-457-4416.