***APPLICATION FORM***

**George-Little Rock Community School District**

**500 E. Indiana Ave., PO Box 6**

**George, Iowa 51237**

**712-475-3311**

Position applied for: \_\_\_\_\_\_\_\_\_\_\_ Date

**PERSONAL**

Name Social Security Number \_\_\_

Last First Middle

Present address

City State Zip

Telephone

**EDUCATIONAL RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| School | Name and Address | Major Subjects | Degree |
| High |  |  |  |
| Technical/College/University |  |  |  |
| Other |  |  |  |

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name | | Dates Employed | | Work Performed/Skills Used |
| From | To |
| Address | Telephone | Hourly Rate/Salary | | Job Title |
| Starting | Ending |
| Did you hold a supervisory position? | No. of Employees | Number of Years | | Reason for Leaving |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name | | Dates Employed | | Work Performed/Skills Used |
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| Starting | Ending |
| Did you hold a supervisory position? | No. of Employees | Number of Years | | Reason for Leaving |

**MILITARY RECORD**

If you were a member of the armed forces, please list the branch of service, date entered, and date separated.

Branch of service Date entered Dated separated

Present military status:

[ ] Active Reserve [ ] Inactive Reserve [ ] National Guard [ ] Other, please state

**ACTIVITIES AND HONORS** (You may exclude memberships which would reveal race, creed, age, sex, sexual orientation, gender identity, national origin, disability, marital status, socioeconomic status, or religion).

**SPECIAL SKILLS AND QUALIFICATIONS** Summarize special job-related skills and qualifications acquired from

employment for the position that you are applying or other experiences. (Include computer skills).

**CITIZENSHIP**

Would you be able to provide proof of citizenship, visa, or alien registration number if you were hired?

[ ] Yes [ ] No

**QUESTIONS**

Are you a former George-Little Rock School District employee? [ ] Yes [ ] No If yes, provide dates.

Within the last ten years have you ever been discharged from any position? [ ] Yes [ ] No If yes, please explain.

Are there any restrictions regarding hours or days of availability? [ ] Yes [ ] No If yes, please explain.

Have you ever been convicted of a felony [ ] Yes [ ] No If yes, please explain.

**REFERENCES**

Do not use relatives. Include at least one business person, and one professional person.

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone No. |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**APPLICANT INFORMATION**

It is your responsibility to update your application with our office. Applications will remain in active status through December 31 of each year, unless renewed at the request of the applicant.

I authorize George-Little Rock Community School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the George-Little Rock Community School District with information they have regarding me. I hereby release and discharge the George-Little Rock Community School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. Further, I understand the George-Little Rock Community School District is drug free/smoke free/tobacco free and that any offer of employment is conditional based upon a completed criminal background check.

Applicant Signature Date

**Iowa Nondiscrimination Statement** – “It is the policy of George-Little Rock Community School District not to discriminate on the basis of race, creed, color, age, sex, sexual orientation, gender identity, national origin, disability, marital status, socioeconomic status, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.7 and 216.9. There is a grievance procedure for processing complaints of discrimination. If you have any questions or grievances related to compliance with this policy by George-Little Rock Community School District, please contact Kevin Range, Equity Coordinator, George-Little Rock Community School, 500 E. Indiana Ave., George, IA 51237; phone number 712-475-3311, email: [krange@george-littlerock.org](mailto:krange@george-littlerock.org). Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319- 1004; phone number 515-281-4121, 800-457-4416; website: https://icrc.iowa.gov.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1(866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact the USDA through the Federal Relay Service at 1(800)877- 8339 or 1(800)845-6136 (Spanish). USDA is an equal opportunity provider and employer.

***APPLICATION FORM***

**George-Little Rock Community School District**

**500 E. Indiana Ave., PO Box 6**

**George, Iowa 51237**

**712-475-3311**

Position applied for: BUS DRIVER or SUBSTITUTE BUS DRIVER\_\_\_\_\_ Date

**PERSONAL**

Name Social Security Number \_\_

Last First Middle

Present address

City State Zip

Telephone

**EDUCATIONAL RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| School | Name and Address | Major Subjects | Degree |
| High |  |  |  |
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| Other |  |  |  |

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| Starting | Ending |
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Have you ever been convicted of a felony: [ ] Yes [ ] No If yes, please explain.

**TRANSPORTATION INFORMATION**

Do you presently hold a CDL license? [ ] Yes [ ] No

Have you had driving experience that requires a chauffeurs license? [ ] Yes [ ] No

If yes, explain the type of driving experience.

Have you had experience as a school bus driver? [ ] Yes [ ] No

If yes, where?

**REFERENCES**

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|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone No. |
| 1. |  |  |
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