

The mission of the South Central Calhoun School District is to partner with our communities to provide an environment rich with opportunities that challenge every student to master skills and understandings which will transfer into a successful future.

SOUTH CENTRAL CALHOUN COMMUNITY SCHOOLS

CERTIFIED STAFF APPLICATION FOR EMPLOYMENT

FULL NAME _____

Last
First
Middle Initial
Maiden

CURRENT ADDRESS _____

Street
City
State
Zip

TELEPHONE: Home () _____ Cell () _____ Soc. Sec. No. _____

Month/Day/Year Available for Employment ____/____/____

E-mail Address: _____

Position Desired: _____

EDUCATIONAL PREPARATION (List Chronologically)

LEVEL OF EDUCATION	NAME OF SCHOOL OR UNIVERSITY AND LOCATION	MAJOR	DEGREE/ NUMBER OF HOURS	DATES OF ATTENDANCE
High School				
College or University				
Other Education				

CO-CURRICULAR ACTIVITIES

List the activities below you are qualified for and willing to coach/sponsor.

Do you have a valid Iowa coaching authorization? Yes _____ No _____

EDUCATIONAL HONORS, AWARDS

STUDENT TEACHING EXPERIENCE: (List the school or schools and other information.)

Name of School District/Location	Grade Level and/or Subject	Supervising Teacher (s)	Dates (From/To)
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TEACHING EXPERIENCE

Name of School District/Location	Position Held - Grades/Subjects	Supervisor	Phone Number
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WORK EXPERIENCE OTHER THAN TEACHING (Include Military Experience)

Employer/Location	Position /Rank	Inclusive Dates	Supervisor	Phone Number
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CERTIFICATION

Type of Teaching Certificate	Folder #	Endorsements	Approvals
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PROFESSIONAL REFERENCES

It is the **applicant’s responsibility** to have the following information provided to the school district in order to be considered for employment.

Provide the names of at least three professional reference sources. If you are a beginning teacher, list principal, supervising teacher, and university supervisor under whom student teaching was done.

Please check: _____ A placement file is being sent, or _____ References are listed below.

REFERENCES

- 1) **Name** _____ **Position** _____ **Work Phone** _____
Address: _____ **Home Phone:** _____
- 2) **Name** _____ **Position** _____ **Work Phone** _____
Address: _____ **Home Phone:** _____
- 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 on this application, whenever discovered, shall be sufficient cause for immediate dismissal at the District’s discretion.

I also understand that before any contract becomes effective or compensation is possible, an official transcript, a valid Iowa teaching certificate, and a beginning employment I may be completed school district physical examination form must be filed with the District Business Manager of the South Central Calhoun Community Schools..

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.

**SOUTH CENTRAL CALHOUN COMMUNITY SCHOOLS
1000 TONAWANDA ST
ROCKWELL CITY, IA 50579**