

ALGONA COMMUNITY SCHOOLS
 600 S. Hale St.
 Algona, IA 50511
 An EO/AA EMPLOYER
 Classified Employment Application

Application for: _____ Position _____

 (Last Name) (First) (MI) Social Security No: _____

Address: _____

Phone: _____

Email: _____

Military Service/Branch? _____ Date of Service: _____ Type of Discharge: _____

List any experiences which you feel help qualify you for this position: _____

Are you legally eligible for employment in the U.S.? (Circle One) Yes No

Have you been convicted of a felony at any time? (Circle One) Yes No

If yes, please explain on a separate sheet. (Note: Conviction will not necessarily disqualify applicant from employment.)

EDUCATION: List any education/training which you feel will help you do the job for which you have applied.

School	Location	Dates Attending	Graduation Yes/No/Date	Diploma, Certificate, Degree Earned

WORK EXPERIENCE:

Employer/Address/Supervisor	Phone	Dates To/From	Position Held	Salary	Reason for Leaving

EMPLOYMENT REFERENCES:

Name	Occupation	Address	Day Phone

Will you accept temporary or part time employment? (Circle One) Temporary Part Time Both Neither

If you are a secretarial or teacher associate applicant, would you be willing to take a test? Typing Math

In case of accident or serious illness, whom do you wish notified?

Name: _____

Street: _____

City/State: _____

Phone: _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation into my past employment and activities, agree to cooperate in such investigation, and release from all liability of responsibility all persons or corporations requesting or supplying such information. I recognize that, when considering my application, the school corporation may contact the employers I listed above. I hereby authorize a representative from such employer to discuss all aspects of my employment with the school corporation and to disclose any and all documents regarding that employment.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. I understand that any offer of employment will, therefore, be contingent on my ability to produce the required documentation within the time period required by law.

If a pre-employment physical examination is requested, I authorize the examining physician to give a complete report.

Date: _____ Signed: _____