



Support Staff Application
AKRON-WESTFIELD COMMUNITY SCHOOL
 850 Kerr Drive
 (712) 568-2020 fax:(712) 568-2997
www.akron-westfield.k12.ia.us

AA/EEO Employer: It is the policy of the Akron-Westfield CSD not to discriminate against any employee or applicant for employment on the basis for age, color, creed, national origin, race, religion, marital status, sex, sexual orientation, gender identity, physical attributes, physical or mental disability, ancestry, political party preference, political belief, socioeconomic status, or familial status.

Date: _____ Name: _____
 (First Name) (Last Name)

Address: _____
 (Street) (City) (State) (Zip)

Home Phone: () _____ Alternate Phone: () _____

Email address: _____ Social Security #: _____

Have you worked for the district before? Yes No When would you be able to begin work? _____

Are you available full-time (30-40 hrs per week)? Yes No

Will you consider less than a full-time? Yes No

POSITION (S) FOR WHICH APPLYING

Assistant/Supervisor

- Teacher Assistant Bus Assistant
 Noon Hour Supervisor Health Assistant
 Study Hall Supervisor Media Assistant
 Special Education & Handicap Assistant
 Other _____

Secretarial/Clerical/Misc Positions

- Accounting PC Technician
 Secretarial 9-10 months 12 months
 Other _____

Nutrition Service

- General Worker Lunch Clerk
 Substitute Worker

Operations

- Bus Driver Custodian
 Utility Worker Warehouse
 Other _____

Coaching

Circle preference:
 Junior High High School
 What sports do you prefer to coach?
 1st _____ 2nd _____
 Where and when was your last coaching assignment? _____
 Have you applied for, or do you have, a coaching authorization?
 Yes No Expiration _____

Skills/ Experience

Please list any special skills and experience that qualify you for the position for which you are applying. Including computer, software, food service equipment or cleaning equipment.

Education

	Name and location of School	Dates Attended	Date Graduated	Subjects Studied/Degree
High School				
College				
Trade, Business or Corresponding School				

Military Service (check those that apply)

Active Duty: ___/___/___ to ___/___/___ Type of Discharge: _____ Reserve Only

Work Experience

Date Employed (Month/year)	Place of Work (including address and phone)	Supervisor's Name	Type of Work	Reason for leaving
From: To:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
From: To:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
From: To:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
From: To:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PROFESSIONAL REFERENCES-Please list a minimum of (3) three.

1. Name: _____ Position: _____
Firm: _____ Years known: _____ Phone: _____
2. Name: _____ Position: _____
Firm: _____ Years known: _____ Phone: _____
3. Name: _____ Position: _____
Firm: _____ Years known: _____ Phone: _____
4. Name: _____ Position: _____
Firm: _____ Years known: _____ Phone: _____

Are you on a sex offender registry? **Yes** **No** Are you on the Department of Human Services' child abuse registry? **Yes** **No** Have you ever been convicted of, pled guilty or nolo contendere to a misdemeanor or felony, including deferred sentences or judgments? **Yes** **No** If yes, please provide date, charge, description, city/state of charge:

Responding, "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered. Failure to disclose the above information may be considered fraud and a bar to employment.

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? **Yes** **No** If no, explain:

Please answer the following if you are applying for a Bus Driver position:

Has your driving privilege ever been revoked? **Yes** **No** (If yes, please give details.)

Have you had any moving violations during the past ten years? **Yes** **No** (If yes, please give details.)

Chauffeur's License Number: _____ Expiration: _____
Type: _____ Restrictions: _____

I hereby give my former and/or current employer(s), instructors for friends permission to provide any information requested by the search committee of the Akron-Westfield Community School District regarding my professional competence, performance and character.

I understand that, if employed, any false statements on this application shall be considered sufficient cause for dismissal. I also understand that all employees are required to have a physical examination as a condition of employment. I also understand that because of the tremendous responsibility the Akron-Westfield Community School District has to its students and their families, a criminal background check, child abuse registry screening and Iowa sex offender registry will be conducted before a candidate is approved by the district's Board of Education.

Signature of Applicant: _____ Date: _____

**AKRON-WESTFIELD COMMUNITY SCHOOL DISTRICT
VOLUNTARY PERSONAL INFORMATION FORM**

The following information is requested in order to monitor our Affirmative Action Program and to insure equal employment opportunity. While you are not required to complete this section, your cooperation in providing the data will be appreciated.

THIS VOLUNTARY INFORMATION WILL NOT BE USED IN HIRING
IT WILL BE FILED SEPARATELY AND KEPT CONFIDENTIAL

1. Name:	2. Position for which application is made:
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Age:
5. Vietnam Era Veteran (Service between 8/5/64 and 5/7/75) <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race/Ethnicity (check as appropriate): <input type="checkbox"/> a. White (not of Hispanic ancestry) <input type="checkbox"/> b. Black (not of Hispanic ancestry) <input type="checkbox"/> c. Oriental or Native Pacific Islander <input type="checkbox"/> d. Asian Non-Oriental (ancestry of Middle East/Indian subcontinent) <input type="checkbox"/> e. American Indian or Alaskan native <input type="checkbox"/> f. Hispanic (Spanish or Portuguese ancestry)	8. Citizenship (check one): <input type="checkbox"/> a. U.S. citizen <input type="checkbox"/> b. Immigrant <input type="checkbox"/> c. Refugee <input type="checkbox"/> d. Non-immigrant Current Visa type:
9. Mental or Physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Nature of Disability (list):
11. If this disability might affect your performance or create a hazard to yourself and others in connection with the position to which you have applied, please state the following: a. The skills and procedures you use or intend to use to perform the job duties notwithstanding the disability.	b. The accommodation we could make to enable you to perform the duties safely and properly.

Source(s) from which you learned of this vacancy:

- a. Personal contact (who and where): _____
- b. Job announcements posted in Akron-Westfield Community School District (building) _____

- c. Internet website (name): _____
- d. Job announcements posted at other institutions (name of institution): _____
- e. Notice in professional journal (name or journal): _____
- f. Newspaper ad (name of newspaper): _____
- g. Professional meeting/organization (name): _____
- h. Other (list): _____