



GREENE COUNTY CSD

Classified Worker Application

Name _____ Date _____

Social Security Number _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Position for Which You Are Applying _____

Are you now under contract? _____ Date Available for Employment _____

Why are you considering leaving your present position?

Are you available full time? Yes No

Are you willing to consider less than full time? Yes No

EDUCATION RECORD (High School, College, Trade, Business Correspondence School)

Name & Location of Institution	Year(s) Attended	Degree

PROFESSIONAL EXPERIENCE

Additional information may be listed on the back of this page.

Business/Company	Position	Supervisor	Dates	Responsibilities

What special abilities do you have that we should give attention when considering your application?

REFERENCES

Please list the names of four persons who will serve as references and can be contacted.

Name & Title	Address	Home Phone #	Business Phone #

THE APPLICANT FILE MUST INCLUDE:

- A completed district application form
- A background waiver form
- The names of four persons who will serve as references and can be contacted. Include names, titles, addresses, and home and business numbers.
- A resume if available

Please forward your application and supporting materials to:

Greene County Community School District
 204 W. Madison Jefferson, IA 50129
 P: 515-386-4599 F: 515-386-3591 www.gccsd.k12.ia.us
 EOE/AA

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 a felony or misdemeanor (excluding traffic violations)?

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.

Are you legally authorized to work in the United States of America? Yes No

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? _____

If no, explain: _____

The district will be performing a criminal history/background check on successful applicants.

I hereby certify, under penalty of immediate dismissal, that all of the foregoing statements are true and correct. I expressly authorize the release to the educational agency receiving this application any records or information which may refer or relate to this application for employment, including, but not limited to, records of educational institutions, law enforcement or criminal justice agencies, agencies maintaining child abuse records, and previous employers. I hereby release and discharge the educational agency receiving this application and any responsible person(s) employed by the agency from any and all claims and liability which I may have or ever claim to have relating to information provided to the educational agency as part of this application for employment.

Signature

Date