

Educational and Professional Training (List chronologically)

Level Education	Name of School/University	City/State	Total Semester Hours	Field of Study	Type of Degree	Grad Year	Dates of Attendance From...To
High School							
College or University							

Total Undergraduate Semester Hours _____ Total Graduate Semester Hours _____ Undergraduate Grade Point Average _____

Student Teaching Experience (List chronologically and include any internships.)

Name of School	School/District City	State	Grade Level and/or Subject	Dates

Teaching/Nursing Experience (List chronologically all teaching experience . DO NOT INCLUDE SUBSTITUTE TEACHING OR Teacher Aide experience.)

Name of School	School/District City	State	Position Held Grades and/or Subjects Taught (specify)	Dates Mo/Day/Yr (From...To)	Total Years	Full Time	Part Time	Personnel Use

Work Experience Other Than Teaching/Nursing (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment Dates	Personnel Use

Military Experience

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

CERTIFICATION

If you have been issued an Iowa certificate, please submit a photocopy. Copy enclosed: No Yes

Type of Iowa Certificate _____

Year of Expiration of Iowa Certificate _____ Endorsement(s) _____

Have you applied for an Iowa certificate? No Yes When _____ Check if statement of eligibility enclosed

Have you taken the National Teacher’s Examination? _____ If yes, please submit a copy of your scores.

Core Battery: No Yes _____ Copy enclosed? No Yes

Month Year CS GK PK

Specialty Area: No Yes _____ Copy enclosed? No Yes

Month Year Subject Score

GENERAL INFORMATION

Month, day and year available for employment _____ Are you under contract? No Yes

If yes, where? _____ Present position _____

If presently employed, why do you wish to change? _____

If under contract, what type: Annual/Probationary _____ Other _____ Explain _____ Continuing/Tenure _____

If under contract, have you checked and can you be released if you are offered another position? No Yes

If not under contract now, have you ever held a continuing contract in Iowa? No Yes

If yes, cite school district(s) and date(s): _____

Referral Source: Advertisement/Posting _____ Employee _____ Friend _____ Other _____ (Explain)

Have you ever been discharged or requested to resign from a position? (if yes, explain) _____ No Yes

Have you ever been convicted of a violation of law other than a minor traffic violation? (if yes, explain) _____ No Yes

Have you ever had a certificate or license revoked or suspended (if yes, explain) _____ No Yes

Are there any criminal charges or proceedings pending against you? (if yes, explain) _____ No Yes

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? (if yes, explain) _____ No Yes

REFERENCES

It is the applicant’s responsibility to have the following information provided to the Mason City School District in order to be considered for employment:

- A. The names of at least three reference sources must be provided and must include current employment if employed.
- B. Applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience. Applicants who are beginning teachers registered with a college placement office must include references from student teaching supervisor(s) and cooperating teacher(s) in the placement file and by listing names below.
- C. As indicated above a Placement file is being sent, AND references are listed below:

Name of Reference	Position/Relationship	Mailing Address	Phone Number

HONORS, ACTIVITIES, COMMUNITY INVOLVEMENT

Activity	Date	Honor	Date

OTHER INFORMATION

Do you speak any languages other than English? Please list and rate level of fluency _____

To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite relationship: _____

Estimate your total absence from work for the last three years and explain the reason(s) _____

ADMINISTRATIVE

If you are applying for an administrative position, please complete the following section:

Please check and or complete the statement below which depicts your present status with respect to administrative certification in Iowa.

- I hold a valid Iowa administrative certificate which is appropriate for the position I am seeking.
- I will qualify for the Iowa administrative certificate appropriate for the position I am seeking as of _____.

Please list positions in public and private schools, grades K-12 where an administrative contract was held.

Period of Service	Name of District, Town and State	Title	Reason for Leaving	Name of Supervisor
From To				
From To				
From To				
From To				

Identify the specific administrative position(s) you are seeking: _____

State briefly your reasons for seeking the administrative position for which you are applying: _____

GENERAL INFORMATION--ADDITIONAL REMARKS AND/OR EXPLANATIONS (attach sheet if needed)

Human Resources Management Services

DISCRIMINATION COMPLAINT PROCEDURE

To: Applicants for Employment with the Mason City Community School District

Subject: DISCRIMINATION COMPLAINT PROCEDURE

The Mason City Community School District prohibits discrimination based on age, race, creed, color, sex, marital status, national origin, religion, sexual orientation, gender identity or disability in educational and employment programs and activities. Further the Board of Education affirms the right of all students and staff to be treated with respect and to be protected from intimidation, discrimination, physical harm and harassment. For information regarding procedures for discrimination complaints, contact the Superintendent's office at 1515 South Pennsylvania Avenue, Mason City, Iowa 50401, phone (641) 421-4400.

Harassment or discriminatory behavior that denies civil rights or access to equal educational opportunities includes comments, name-calling, physical conduct or other expressive behavior directed at an individual or group that intentionally demeans the race, color, creed, gender, sexual orientation, national origin, religion, age or disability of the individual or individuals or creates and intimidating, hostile or demeaning environment for education. Complaints of harassment filed against students, employees or adults may be filed with the District's Compliance Officer at (641) 421-4400.

Human Resources Management

Voluntary Pre-Employment Information Form

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age or disability.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, we are inviting you to complete the following information. Your participation in this matter is strictly voluntary.

This Pre-Employment Information Form will be kept in a Confidential File separate from your Application for Employment.

Date: _____

Position(s) applied for _____

Referred by: _____

Name (print) _____ Phone No. _____
Last First Middle

Address _____
Street City State Zip

Birthdate _____ Age _____

Race/Ethnic Group:

- White
- Black or African American
- Latino or Hispanic
- Native Hawaiian or Pacific Islander
- American Indian/Alaskan Native
- Asian
- Two or more races

Gender

Male Female

Disabled

Yes No

DRUG-FREE WORKPLACE ACT OF 1988

NOTICE TO EMPLOYEES

The Mason City Community School District is subject to the Drug-Free Workplace Act of 1988, Public Law 100-690.

The Mason City Community School District is committed to the policy of maintaining a drug-free workplace. Thus, the unlawful manufacture, distribution, dispensation, possession or use of any controlled substance by any employee in the workplace is prohibited. (A “controlled substance” within the meaning of this statement means any controlled substance in schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812) and as further defined in federal regulations found at 12 CFR 1308.11.) Any violation of this prohibition will result in discipline up to and including discharge.

As required by federal law, it is a condition of continued employment that:

1. Any employee who is convicted of any criminal drug statute violation for conduct in the workplace is required to notify the Supervisor of this fact no later than three (3) days after such conviction. (a “conviction” means a finding of guilt, including a plea of “nolo contendere” of the imposition of a sentence, or both, by any judicial body charged with the responsibility of determining violations of federal or state criminal drug statutes.)
2. Each employee abide by the terms of this statement.

Federal law requires the Mason City Community School District to notify the federal government of any conviction in violation of our policy.

Federal law further requires the Mason City Community School District to impose sanctions—which may include discharge for any violation of the provisions of this notice or policy.

RECEIPT

I acknowledge receipt of the forgoing “Notice to Employees” concerning the Drug-Free Workplace Act. I acknowledge that I have read, understand and will comply with the policy. I further acknowledge that nothing in the policy is intended, nor shall it be construed as a change in the “at will” nature of my employment.

Date

Signature