

Riverside Community School District  
**Application for Employment**

**PERSONAL:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you been employed by Riverside Community School District before? \_\_\_\_\_

If so, position? \_\_\_\_\_ Dates \_\_\_\_\_

Position now applying for: \_\_\_\_\_

Earnings expected \$ \_\_\_\_\_ per year or \$ \_\_\_\_\_ per hour.

When are you available to begin work? \_\_\_\_\_

Are you interested in overtime work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Have you been convicted of a felony at any time? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

(Note: Conviction will not necessarily disqualify applicant from employment.)

Do you have relatives working for Riverside? \_\_\_\_\_

If yes, please list names \_\_\_\_\_

Please review the job description for the job in which you are interested.

Is there any reason you could not perform the duties listed as essential functions for that job? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If you answered yes to the previous question, what accommodations, if any, would you suggest?

\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATION:**

Elementary School: \_\_\_\_\_ (If more than one, name last attended)

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/University: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Did you receive any special honors? \_\_\_\_\_

Please describe: \_\_\_\_\_

Describe any licenses, apprenticeships, or specialized training you possess: \_\_\_\_\_

\_\_\_\_\_

**MILITARY:** (If related to the requirements of the job or if you are claiming veterans preference)

Active Duty Branch: \_\_\_\_\_ Period of Duty: \_\_\_\_\_

Location of Duty: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Reserve Duty Branch: \_\_\_\_\_ Period of Obligation: \_\_\_\_\_

List times of current active duty training: \_\_\_\_\_

**PRIOR EMPLOYMENT:** (List employers for the past 10 years.)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your job: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your job: \_\_\_\_\_  
Period of Employment: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your job: \_\_\_\_\_  
Period of Employment: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Please list professional or civic organizations to which you belong:** \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT:**

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 or 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 previously. I hereby authorize a representative from each 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 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 with the time period required by law.

Signature of Applicant: \_\_\_\_\_



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**IOWA DEPARTMENT OF HUMAN SERVICES AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION**

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

<b>PART A: To be completed by the person requesting information.</b>				
1.	Requester One Source, The Background Check Company			
	Address PO Box 24148			
	City Omaha	State NE	Zip Code 68124	Phone Number (402) 933-9881
	The information concerns:			
2.	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable):		Birth Date	Social Security Number
	Address:			
	City:	State	Zip Code	County
	What is the purpose of your request for child abuse information?			
3.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature:			Date:
4.				
<b>PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.</b>				
I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.				
Signature:			Date:	
<b>PART C: To be completed by the Central Abuse Registry or designee.</b>				
1. <input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child. 2. <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child. 3. <input type="checkbox"/> The request for information is denied because the form is incomplete.				
Signature:			Date:	
Comments:				

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