

GMG Community School District

306 Park Street, Garwin, IA 50632

Phone 641-499-2239 Fax 641-366-2159

Application for Employment

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____ Middle _____ Last _____

Street Address _____ City, State, Zip Code _____

Phone Number
(____) _____

POSITION/AVAILABILITY:

Position Applied For _____ Earliest date you are available to start work? _____

Are you a U.S. Citizen? _____ If not, are you otherwise legally eligible to work in the United States? _____

EDUCATION (Begin with most recent, include any college / secondary education, as well as high school):

Name and Address Of School	Degree/Diploma	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills and Qualifications: Licenses / Endorsements, Skills, Training, Awards

EMPLOYMENT HISTORY: Current Or Last Position:

Employer: _____ Position Held _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employment Dates - From: _____ To: _____

Responsibilities/Duties: _____

Salary: _____ Reason for Leaving: _____

Previous Position:

Employer: _____ Position Held _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employment Dates - From: _____ To: _____

Responsibilities/Duties: _____

Salary: _____ Reason for Leaving: _____

Previous Position:

Employer: _____ Position Held _____

Address: _____

Supervisor's Name: _____ Phone: _____

Employment Dates - From: _____ To: _____

Responsibilities/Duties: _____

Salary: _____ Reason for Leaving: _____

Military Service (if applicable)

Branch _____ Dates of Duty _____ Currently Active (yes or no) _____
If no, rank at discharge _____ type of discharge _____

Employment References:

Name/Title	Employer Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

- * Are you, or have you ever been, listed on a sex offender registry (yes or no) _____
- * Are you, or have you ever been, listed on the Iowa Department of Human Services Child Abuse or Dependent Adult Abuse registry (yes or no) _____
- * Have you ever been convicted of, or pleaded no contest to, a felony of any kind, or a misdemeanor other than minor traffic violations (such as speeding). (yes or no) _____

If you answered yes to any of the above, include a separate document detailing the incident/s, outcome, and applicable dates involved. Answering "yes" does not automatically exclude an individual from employment. Relevant information such as dates of occurrence and the relationship between the offense and the position for which you are applying will be considered.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I authorize GMG personnel to contact both individuals listed above, as well as others that GMG personnel may deem appropriate, and for those employment references to disclose any information related to job performance and responsibilities. I authorize GMG to conduct a criminal background check.

Signature _____ Date _____

It is the policy of the GMG Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices.