



P. O. Box 280, 20 Madison, Griswold, IA 51535
712-778-2152 (fax 712-778-4145)

Griswold Community School District Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

An equal Opportunity Employer

(Please print or type)

Date: _____

Name: _____
Last First Middle

Address: _____ City/State/Zip _____
(Number and Street)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Social Security Number: _____

Are you legally able to work in the United States? Yes No

Position Desired:

First Choice: _____

Second Choice: _____

Third Choice: _____ Total years experience: _____

Have you filed an application with our school before? _____

If yes, give the date and position applied _____

*This application will remain on file for one year from the date of application only;
it must be renewed if further consideration for a position is desired.*

EDUCATION:

	School Name	Location City, State	Dates Attended	Diploma or Degree
High School				
Colleges/Univ.				
Business/Trade				
Other				

**** If you did not receive a degree, indicate the number of college hours attained: _____ Please attach your college transcript with this application IF it has not been sent to us.**

WORK EXPERIENCE:

List most recent experience first. Use a separate sheet if necessary. Indicate any skills, experience or training (military, on the job, or other) you have received which will assist the District in placing you.

From	To	Number of Years	Name/Address of Employer	Immediate Supervisor	Type of Job

REFERENCES:

Full Name of Reference	Position	City/State	Office Phone	Home Phone

If you have a relative who works for this District or who serves as a member of the Board of Directors, please give the name and address and describe your relationship: _____

**CERTIFIED ELEMENTARY / SECONDARY CANDIDATES / SUBSTITUTE TEACHERS
and PARAPROFESSIONALS (teacher aides):**

List endorsements to your state certificate below	Certified Teaching Fields	Sem. Hrs.

Area of specialization: _____
(Must have at least 18 semester hours)

Type of certificate held: _____ Professional _____ Provisional _____ None

If certified in another state, indicate which state and type of certificate held: _____

If you do not have a valid state certificate, what do you lack: _____

Grade or subject in which you did student teaching: _____

CLASSIFIED POSITION APPLICANTS:

Position for which applying:

- Custodian Paraprofessional (teacher aide) Secretary
 Cook Bus Driver Other (specify)

SECRETARIAL / CLERICAL APPLICANTS and SUBSTITUTES:

Do you type? _____ Yes _____ No Number of words per minutes _____.

Please list below any additional office machines/computer software with which you have had experience.

Type of Machine or Software	Years of Experience

FOR ALL APPLICANTS:

List any additional information you think would be helpful concerning your knowledge, skills, and experience related to the job for which you are applying.

Briefly state what you feel you can contribute as an employee for the *Griswold Community School District* in the position for which you are applying.

STATEMENT:

The District strives to select qualified applicants who will serve as positive role models for students.

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling, and indecency with a minor.

Have you ever been convicted of a felony or any offense involving moral turpitude and received probation?

Yes No If yes, please explain: _____

Has any court ever received a plea of guilty or a plea of *nolo contendere* from you for any offense involving moral turpitude, deferred proceedings without entering a finding of guilty and placed you on probation?

Yes No If yes, please explain: _____

Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position or why did you leave your last position? _____

Have you ever been involuntarily terminated or asked to resign from the employment of another school district?

Yes No If yes, please give the name of the district, the date and the reason for termination of request for resignation: _____

Are you able to perform the essential job duties required of the position for which you are making an application, with or without reasonable accommodation? Yes No If no, please explain _____

AGREEMENT:

I hereby certify that the previous information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of act shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

Signature of Applicant

I hereby authorize the District to conduct work history, personal reference or police record inquiries to determine my acceptability for employment and release those supplying any information from all liability.

Signature of Applicant

BUS DRIVER APPLICATIONS ONLY:

I understand that any offer of employment with the District is contingent upon my passing any required drug and alcohol test.

Signature of Applicant

Background Check Permission Form

Please print:

Applicant First Name _____

Middle Name _____

Last Name _____ (Suffix: Sr/Jr/III/IV) _____

Maiden Name (if applicable) _____

Birth Date ____ / ____ / ____

Social Security Number ____ - ____ - ____

Current Address: Street or P O Box _____

City _____ State _____ Zip Code _____ County _____

Position applied for: _____

I hereby give permission for the Griswold Community Schools to conduct a background check including child abuse and adult abuse information.

Signature: _____ Date _____



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult 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 for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
- Dependent Adult Abuse Registry
- Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
- Fax
- Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last	First	Agency Name One Source the Background Check Company		Telephone Number (800) 608-3645
Address PO Box 24148			Fax Number (800) 929-8117	
City Omaha	State NE	Zip Code 68124	Email iaregistry@onesourcebackground.com	
List the name and address of the person whose information is being requested:				
Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
What is the purpose of your request for child or dependent adult abuse information? Employment				
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.				
Signature of Requestor <i>Nick Jasa</i>			Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



APPLICANT DISCLOSURE AND AUTHORIZATION FORM
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLAIMER: This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.

DISCLOSURE REGARDING OSCC BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for the purpose of gaining site access to One Source Certified Contractors (OSCC) site locations. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security search, motor vehicle records ("driving records"), or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your OSCC program participation for site access to the extent permitted by law.

AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I further authorize One Source The Background Check Company ("One Source"), or their agents, to act as a third-party administrator between me and the companies who engage One Source for the purpose of gaining access to any OSCC sites, and determining whether the minimum requirements for compliance with companies' minimum background requirements are met. I authorize One Source to collect and use my personal information, including but not limited to: drug screen(s), driving report, and/or criminal history. I understand that the personal information detailed above will not be shared with the companies. Instead, One Source will provide a unique identification number to myself and to The Company. I hereby authorize One Source to disseminate PASS/FAIL, name, company name, and expiration date to any and all users of OSCC via the web. One Source will match my applicant profile with companies' requirements to generate a "Meets Requirements" or "Does Not Meet Requirements" result. The only information provided to sites is my unique One Source Certified Contractor identification number along with a report stating whether my qualifications meet or fail to meet specific companies' requirements.

PLEASE PRINT LEGIBLY

This information will be used for background screening purposes only and will not be used for any other purpose

Last Name: _____ First Name: _____ Middle: _____
Other Names/Alias: _____
Social Security #: _____ Date of Birth (MM/DD/YYYY): _____
Driver's License #: _____ State of Driver's License: _____
Present Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

All Previous Addresses in the Last Seven (7) Years

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau,
1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>