

OLIN CONSOLIDATED SCHOOL DISTRICT
OLIN, IOWA 52320

APPLICATION FOR CLASSIFIED POSITION

Last Name	First Name	Middle Initial
Address	City	State Zip Code
Telephone Numbers(s) Home:	Cell: Work:	Social Security Number

E-mail _____

POSITION DESIRED

____ Secretary	____ Teacher Associate	____ Bus Driver
____ Custodial	____ Cook (Food Service)	____ Other _____

REFERENCES

List three references. These individuals should be people in a supervisory capacity with whom you have worked in your most recent job experiences.

NAME	POSITION	ADDRESS	PHONE
1.			()
2.			()
3.			()

EDUCATIONAL PREPARATION

SCHOOL	LOCATION	DATES	GRADUATION	
			Year	Degree
College				
Business/Trade School				
High School Attended				

ALL APPLICANTS / OTHER QUALIFICATIONS

Summarize special job-related skills and qualification acquired from employment or other experience.

TO BE COMPLETED BY SECRETARIAL/CLERICAL AND TEACHER ASSOCIATES ONLY.

Indicate equipment you have experience operating (check all that apply):

<input type="checkbox"/> Calculator	<input type="checkbox"/> Software for a desktop or laptop computer:
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Windows
<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Spreadsheet
<input type="checkbox"/> Film Projector	<input type="checkbox"/> Data Base
<input type="checkbox"/> Telephone	<input type="checkbox"/> Word Processing
<input type="checkbox"/> FAX Machine	<input type="checkbox"/> Clip Art
<input type="checkbox"/> VCR	<input type="checkbox"/> Other (list) _____
<input type="checkbox"/> DVD	_____

TO BE COMPLETED BY CUSTODIAL APPLICANTS ONLY.

Indicate if you have experience with the following (check all that apply):

<input type="checkbox"/> Bus Driving	<input type="checkbox"/> Carpenter work	<input type="checkbox"/> Cement work
<input type="checkbox"/> Electrical work	<input type="checkbox"/> Furnace work	<input type="checkbox"/> Window washing
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Building maintenance
<input type="checkbox"/> Glazing	<input type="checkbox"/> Grass cutting	<input type="checkbox"/> Grounds care
<input type="checkbox"/> Machine shop	<input type="checkbox"/> Masonry work	<input type="checkbox"/> Painting
<input type="checkbox"/> Truck driving	<input type="checkbox"/> Motor vehicle repair	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Complete this page even if you are supplying a resume.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers (s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers (s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Numbers (s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

MILITARY DUTY:

Active Duty: _____

Reserve Duty: _____

Branch: _____

Branch: _____

Location of Duty: _____

Obligation Period: _____

Rank at Discharge: _____

Obligation Times: _____

BACKGROUND INFORMATION:

Yes/No

_____ Are you on a sex offender registry?

_____ Are you on the Department of Human Services' child abuse registry?

_____ Have you ever been asked to resign from a position or been given the choice of resigning or being terminated from your position?

_____ Have you ever been found guilty, accepted a guilty or Alford plea, or entered a plea of no-contest for any criminal charge?

_____ Have you ever received a deferred judgment, or in some other way had a guilty plea or conviction removed from your record?

_____ Have you ever been the subject of an investigation or formal or informal proceeding that resulted in the termination of your employment or resignation from your position?

_____ Have you ever been the subject of an investigation or other formal or informal proceeding resulting in disciplinary action (including verbal warning up to termination) or may result in public embarrassment for the Olin Consolidated School District if revealed?

Please provide a brief narrative explaining any "Yes" response. _____

_____ Are you able to perform with or without reasonable accommodation, the essential job functions required of this position? If no, please explain _____

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.

AGREEMENT

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at-will.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the Olin Consolidated School District must be filed not more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

Full Name: _____ Application Date: _____

RETURN TO: Olin Consolidated School District
212 Trilby St.
Olin, IA 52320
(319) 484-2261
An Equal Opportunity Employer

The Olin Consolidated School District does not discriminate on the basis of race, creed, color, national origin, age, disability, sex, or religion in employment or in access to or participation in educational programs and services.

To be completed by Teacher Associate applicants only.

**OLIN CONSOLIDATED SCHOOL DISTRICT
TEACHER ASSOCIATE APPLICATION**

Write a short paragraph describing your experiences working with young children, adolescents, and young adults.

In what subject areas do you feel the most qualified to assist in the teaching of young children, adolescents, and young adults?

What assets do you consider yourself to possess to best qualify you for the position?

What tasks do you hope to be performing should you be hired as a teacher associate?

Signature

Date



Iowa Department of Human Services
**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 Olin Consolidated School District	First	Agency Name	Telephone Number 319-484-2261	
Address 212 Trilby St., PO Box 320			Fax Number 319-484-2258	
City Olin	State IA	Zip Code 52320	Email	
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? Fitness Center User				
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			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.



STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name _____ Olin Consolidated School District
Address _____ 212 Trilby St. PO Box 320

Olin, IA 52320
Phone _____ 319-484-2261
Fax _____ 319-484-2258

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____
- DCI initials _____

Release Authorization Information:

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.



Waiver Agreement and Statement

For National Criminal History Record Checks
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

I hereby authorize (*Name of QE*) Olin Consolidated School District
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the QE with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the QE may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the QE may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

I **have** been convicted of a crime I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on valid photo identification:

Printed Name: _____

Address: _____

Date of Birth: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: Olin Consolidated School District OCA: Mark Dohmen

Address: 212 Trilby St., PO Box 320 Olin, IA 52323

Telephone: 319-484-2170 Fax: 319-484-2258

This waiver must be retained at the QE for one year after the applicant is no longer relevant to the QE or one year post audit by DCI, whichever is longer. Do not send to DCI unless requested.