
East Buchanan Community School District

Mr. Daniel J. Fox
Superintendent
dfox@east-buc.k12.ia.us

414 5th St North
Winthrop, IA 50682
Tel (319) 935-3767
Fax (319) 935-3749

Dear Applicant:

Thank you for your interest in the East Buchanan Community School District. Enclosed is an official application form. To become an active candidate for a position in the district, follow the procedure listed below.

Application Procedure

1. Write a letter of interest.
2. Complete the application form.
3. Attach your resume and forward college transcripts and credentials to this office.
4. Include a copy of your Iowa teaching certificate or documentation that you are able to obtain Iowa certification.

If you would like to send additional materials in support of your candidacy, we will be happy to consider them.

Selection Process

1. Initial screening: This process is a review of all materials submitted, i.e. letter of inquiry, application, resume, and supportive materials.
2. Pre-Interview: Applicants will occasionally be invited to visit with the building principal or supervisor prior to the interview decision.
3. Interview: The interview allows each applicant an equal opportunity to secure a position with the district.
4. Response: All applicants interviewed will receive a letter of response. Finalists will be offered a contract and engage in placement proceedings.

All applicants must possess an Iowa Teaching Certificate. Consideration will also be given to applicants who are in the process of securing one. Each file will remain active in our office for one year.

For further information on Iowa certification or application forms, please contact:

Bureau of Practitioner Preparation and Licensure
Department of Education
Grimes State Office Building
Des Moines, IA 50319
1-800-778-7856

Thank you again for your interest in the East Buchanan Community School District.

State of Iowa Standard Teacher Employment Application

East Buchanan Community School District

Application Date: _____
Date Available: _____

Position(s) for which you are applying:

Are you available full-time? _____ Are you willing to consider less than full time? _____

Name: _____ Social Security # _____

U.S. Citizen? _____ Are you legally eligible to work in the United States? _____

Current Home Phone: _____ Work Phone: _____

Current Address:

Permanent Address _____ Permanent Phone: _____

Post-Secondary Education:

College	Location	Number of Hours Beyond Highest Degree	Degree Major & Minor Fields	Dates Attended/ Graduated

High School Attended: _____ Location: _____

Have you applied for your Iowa teacher license? _____

Do you hold a teaching license from another state? _____ If so, which state(s) _____

What certifications, endorsements or approvals have you achieved? _____

Prior Employment: (begin with current/most recent) *new teachers may include other field experiences and/or paid or volunteer activities other than classroom teaching.

Student Teaching: (Beginning Teachers Only)

School District _____

Address _____

Supervisor Name & Phone _____

Dates of experience __ / / to / / Position: _____

Duties and Responsibilities:

Student Teaching: (Beginning Teachers Only)

School District _____

Address _____

Supervisor Name & Phone _____

Dates of experience __ / / to / / Position: _____

Duties and Responsibilities:

Employment and/or Other Experiences:

Employer 1 _____

Address _____

Supervisor Name & Phone _____

Dates of experience __ / / to / / Position: _____

Duties and Responsibilities:

Reason for Leaving: _____

Employment and/or Other Experiences:

Employer2 _____

Address _____

Supervisor Name & Phone _____

Dates of experience __ / / to / / Position: _____

Duties and Responsibilities:

Reason for Leaving: _____

Employment and/or Other Experiences:

Employer 3 _____

Address _____

Supervisor Name & Phone _____

Dates of experience / / to / / Position: _____

Duties and Responsibilities:

Reason for Leaving: _____

Employment and/or Other Experiences:

Employer 4 _____

Address _____

Supervisor Name & Phone _____

Dates of experience / / to / / Position: _____

Duties and Responsibilities:

Reason for Leaving: _____

Military:

Active Duty: / / to / /	Reserve Duty:
Branch:	Branch:
Location of Duty:	Obligation Period:
Rank at Discharge:	Times of Current Training Duty:
Type of Discharge:	

References: List at least three who have evaluated your teaching skills and abilities

Name	Employer & Address	Position	Phone: Work & Home

It is important you carefully complete, with specifics, each of the following in the space provided. The on-site interview may focus on your responses.

A. Name an individual who had a great influence on you professionally. Describe that influence and how it strengthened your candidacy for this position.

B. What are the most important ways a teacher can help his/her students?

C. One of our district's goals is to improve each student's ability to express him/herself in writing. What would you do to assist East Buchanan students in attaining this goal?

D. Describe your personal qualities that make you a unique candidate for this position.

Have you previously held a licensed position in an Iowa public school district? _____

If yes, have you successfully completed a three-year probationary period? _____

Are you on a sex offender registry? _____

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

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? _____

If yes, please provide date, incident, city/state of charge:

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.

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position?

If no, explain: _____

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 of this 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 and that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at-will. I also understand that this document is not to be made available for public discussion, and that all board deliberations related to this position will be held in closed session

Signature _____ Date _____

East Buchanan Community School District

Licensure Statement:

Has your license to teach ever been revoked or suspended or have you ever been otherwise disciplined, in any way, by any licensing department, agency or entity? If your answer is yes, please explain on a separate sheet.

Yes _____ No _____

I agree to immediately notify the school district if I should be convicted of a felony, or any crime involving dishonesty, mistreatment of a minor, or a breach of trust while my application is pending, or during my period of employment, if hired.

_____ day of _____, _____
Legal Signature of Applicant

It is the policy of the East Buchanan Community School District not to discriminate on the basis of race, creed, color, gender, national origin, religion, age, marital status, sexual orientation, veteran status, or disability, in its educational programs, activities, or employment practices. If you believe you have (or your child has) been discriminated against or treated unjustly at school, please contact Mr. Daniel J. Fox, Superintendent of Schools, 414 5th St. N. Winthrop, Ia 50682. (319) 935-3767. He will discuss the situation with you and if you wish, help you file a grievance.

Return application to:

**Mr. Daniel J. Fox
East Buchanan Community School District
414 5th St. N
Winthrop, IA 50682**

CONFIDENTIAL INFORMATION

Name _____ Social Security # _____

The East Buchanan Community School District is an equal opportunity employer. We are required annually to report statistical summaries of information to the Board of Directors and the Equal Employment Opportunity Commission. Completion of this form is optional.

For our records, we ask that you complete the following information.

1. (Please Check)

- _____ A. Asian or Pacific Islander
- _____ B. Black, not of Hispanic origin
- _____ C. Hispanic
- _____ D. American Indian or Alaskan Native
- _____ E. White, not of Hispanic origin.

2. _____ Male _____ Female

3. _____ Age

4. Handicapping condition _____
Federal law obligates an employer to provide reasonable accommodation for the known disabilities of applicants, unless doing so would pose an undue hardship on the employer.

5. Veteran status _____

6. Position applied for _____

7. Please check the source from which you learned of this position:

- _____ A. Professional/university placement office
- _____ B. Personal contact with the East Buchanan Community School District Business Office
- _____ C. Written correspondence with the East Buchanan Community School District Business Office
- _____ D. East Buchanan Community School District web site or another company sponsored web site
- _____ E. Advertisement in newspaper. Please list the name of the newspaper in which you saw the advertisement _____.

In conformity with federal legislation related to the equality of persons, the East Buchanan Community School District does not consciously discriminate in the educational programs or activities including employment therein and admission thereto.

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Dear Applicant:

Attached are two types of forms that the East Buchanan Community School District asks that you complete and return with your application. This is a release allowing us to conduct a criminal background investigation. Please complete the attached form(s). Fill in all blanks marked by an "x", sign at the bottom of the page (do not sign on line for "Requestor"), date and return it with your application. **You will note more than one form is attached, as you will need to fill out one form for every surname you've held. If more forms are needed than what is provided, please contact the Superintendent's Office at the phone number above.**

All candidates who are selected for recommended hire undergo a criminal background check. The school district will not conduct a criminal background check(s) for unsuccessful candidates. The attached form(s) will be kept in a location separate from your application.

ACCOUNT NUMBER: _____

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138 (Voice - Days)
(515) 281-4776 (Voice - Evenings)
(515) 242-6876 (Fax)

FROM: East Buchanan Community School District
414 5th St. N.
Winthrop, Ia 50682
(319) 935-3749 (Fax)
(319) 935-3767 (Phone)

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

<u>X</u> _____ Last Name (Mandatory)	<u>X</u> _____ First Name (Mandatory)	<u>X</u> _____ Middle Name (Recommended)
<u>X</u> _____ Date of Birth (Mandatory)	<u>X</u> _____ Sex (Mandatory)	<u>X</u> _____ Social Security Number (Recommended)

Signature of Requestor

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a name and date of birth check revealed:
Date

CCH record attached No CCH record found DCI initials _____

Waiver

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

X _____
Signature

X _____
Date

ACCOUNT NUMBER: _____

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I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

X _____
Last Name (Mandatory)

X _____
First Name (Mandatory)

X _____
Middle Name (Recommended)

X _____
Date of Birth (Mandatory)

X _____
Sex (Mandatory)

X _____
Social Security Number (Recommended)

Signature of Requestor

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a name and date of birth check revealed:
Date

CCH record attached

No CCH record found

DCI initials _____

Waiver

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

X _____
Signature

X _____
Date