



Employment Application

St. Ansgar Community School District

Last Name _____ First _____ MI _____ Date _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Position Applied for _____ Date Available _____ Desired Salary _____

Are you authorized to work in the U.S.? Yes_ No_

Have you ever worked for St. Ansgar Schools? Yes_ No_ If so, when? _____

Have you previously applied to a position at St. Ansgar Schools? Yes_ No_ If so, what position? _____

Have you ever been convicted of a felony that would be related to the position you are applying for?

Yes_ No_ If so, explain _____

Do you hold a current license from the Iowa Board of Educational Examiners (BOEE)?

Yes_ No_ BOEE Folder Number: _____

EDUCATION

High School _____ Address _____

From _____ to _____ Did you graduate? Yes_ No_ Degree _____

College _____ Address _____

From _____ to _____ Did you graduate? Yes_ No_ Degree _____

Other _____ Address _____

From _____ to _____ Did you graduate? Yes_ No_ Degree _____

REFERENCES

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

PREVIOUS EMPLOYMENT

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ to _____ Reason for leaving _____

May we contact your previous supervisor for a reference? Yes ___ No ___

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ to _____ Reason for leaving _____

May we contact your previous supervisor for a reference? Yes ___ No ___

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ to _____ Reason for leaving _____

May we contact your previous supervisor for a reference? Yes ___ No ___

MILITARY SERVICE

Branch _____ From _____ To _____ Rank at Discharge _____

Type of Discharge (If other than honorable, please explain) _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. All applicants for employment may be required to give consent to a physical examination including, but not limited to, the collections of urine to be submitted for, illegal drug and controlled substances screening and confirmation tests.

Signature
St. Ansgar School Employment Application

Date

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

St. Ansgar Community Schools (“the Company”) may obtain “consumer reports” about you from a consumer reporting agency for employment purposes. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, social media activity, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

[END OF DOCUMENT]

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for **St. Ansgar Community Schools** (“the Company”) in Washington State, Massachusetts, New Jersey, New York, Minnesota, Oklahoma, or California, please note the following information which we are required by state law to provide to you:

State of Washington applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New Jersey applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New York applicants/employees only: You have the right, upon written request, to be informed of whether or not an investigative consumer report (as defined by state law) was requested from a consumer reporting agency. If a report was requested, you will be provided with the name and address of the consumer reporting agency to whom the request was made. You may also inspect and receive a copy of the report by contacting 3rd Degree Screening, 100 East Broadway, Suite 201, Council Bluffs, Iowa, 855-256-4251. You are also now receiving a copy of Article 23-A of the NY Correction Law.

Minnesota applicants/employees only: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report ordered about you. A consumer reporting agency must make this disclosure within five (5) days of receipt of your request or of the Company’s request for the report, whichever is later. Please check this box if you would like to receive a free copy of any consumer report obtained by the Company about you.

Oklahoma applicants/employees only: Please check this box if you would like to receive a free copy of any consumer report obtained by the Company about you.

California applicants/employees only: You are separately receiving a copy of the Notice Regarding Background Investigation Pursuant To California Law.

[END OF DOCUMENT]

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- ADDITIONAL STATE LAW NOTICES.
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;

By signing below, I authorize **St. Ansgar Community Schools** (“the Company”) to obtain “**consumer reports**” about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

Signature: _____

Date: _____

Printed Name:

[END OF DOCUMENT]

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Full Name (First, middle, last): _____

Maiden/Alias Name(s) (First, middle, last): _____

Social Security Number: _____

Date of Birth: _____

Driver License No.: _____

State Issued: _____

Full Current Address

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

[END OF DOCUMENT]



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 WATERS	First JIMMY	Agency Name 3RD DEGREE SCREENING, INC	Telephone Number 712-256-5701
Address 100 E BROADWAY, SUITE 201			Fax Number
City COUNCIL BLUFFS	State IA	Zip Code 51503	Email SEARCHERS@3RDDEGREESCREENING.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?

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>Jimmy Waters</i>	Date
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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
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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.