

CARDINAL COMMUNITY SCHOOL DISTRICT

TEACHER ASSOCIATE APPLICATION FORM

1. Please complete all information and forward to:
Superintendent
Cardinal Community School District
4045 Ashland Road
Eldon, Iowa 52554
2. Application information must include:
 - * Teacher Associate Application Form
 - * Personal Letter of Application

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Present Position _____ Present Employer _____

Chauffeur/CDL# _____

	YES	NO
1. Have you driven or been trained to drive a 66+ passenger School Bus?	_____	_____
2. Have you driven or been trained to drive a bus with a standard 5 Speed transmission?	_____	_____
3. Are you certified in first aid? Training _____	_____	_____
4. Are you certified in CPR? Training _____	_____	_____

Were you honorable discharged from the United States military forces after service between the periods of December 7, 1041 and December 31, 1946, or June 25, 1950 to January 31, 1955 or August 5, 1964 to May 7, 1975, or during the Persian Gulf conflict? _____ Yes _____ No

Please complete if you are claiming a veteran's preference:

Active Duty/Reserve Duty

Branch _____ Period of Duty _____

Location of Duty _____ Rank at Discharge _____

Has there ever been a judicial or administrative finding that you have abused or mistreated a minor child? (If yes, attach explanation.) _____ Yes _____ No

EMPLOYMENT HISTORY

NAME LOCATION POSITION FROM/TO SUPERVISOR PHONE

EDUCATIONAL PREPARATION

INSTITUTION LOCATION MAJOR/MINOR DEGREE

REFERENCES (LIST AT LEAST 3)

NAME POSITION PHONE NUMBER

I certify that the information given in this application (and accompanying material?) Is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, and I authorize Cardinal Community School District to contact my references and prior employers, and release from all liability or responsibility all persons or corporations requesting or supplying information. I understand that giving false, incomplete, or misleading information in my application or interview may result in withdrawal of my application for consideration or in discharge.

I understand that the Cardinal Community School District will do a criminal records and child abuse check on me.

I have been informed of the requirement to submit to a drug test prior to being employed by the District to perform a safety-sensitive function. I consent to submit to the District's drug and alcohol testing program. I also understand that if I have a positive drug test, I will not be considered further for employment by the District.

I UNDERSTAND THAT I MAY NOT BE EMPLOYED UNTIL APPROVAL IS GIVEN BY THE DISTRICT'S BOARD OF DIRECTORS.

Signed _____ Date _____

The Cardinal Community School District provides equal employment opportunities to all persons regardless of race, color, national origin, sex religion, marital status, or disability. Questions regarding compliance with equal employment opportunities should be directed to the Superintendent at 4045 Ashland Road, Eldon, Iowa 52554