

# Job Application

Coon Rapids-Bayard Community School District  
905 North Street PO Box 297  
Coon Rapids, IA 50058  
Tel. 712-999-2207 Fax 712-999-7740

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

\_\_\_\_\_  
Application Date

## Personal Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City, State, Zip

## Position Desired

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Date Available

Have you applied here before?

Yes

\_\_\_\_\_  
If so, date and position  
applied for

No

Can you, after employment, submit  
verification of your identity and legal  
right to work in the United States?

Yes

No

Employment Type Desired

Full-time

Part-time

Temporary

Substitute

Summer

Have you been employed here  
before?

Yes

No

What prompted you to apply here?

Advertisement

Referral

Friend, Relative

Other, \_\_\_\_\_

Are you on lay-off and subject to  
recall?

Yes

No

Do any of your friends/relatives,  
other than your spouse work here?

Yes, List:

No

Have you ever been convicted of a  
felony?

Yes, explain \_\_\_\_\_

\_\_\_\_\_  
 No

## Skills

Summarize Special Skills and Qualifications acquired from Employment or  
other Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education and Training

School	Major	Date	Degree

Other Training, Honors, and Awards:

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## Experience

	Most Recent Employer	Previous Employer	Previous Employer
Company	_____	_____	_____
Address	_____	_____	_____
Supervisor Name	_____	_____	_____
Supervisor Phone	_____	_____	_____
Your Job Title	_____	_____	_____
	Job Description	Job Description	Job Description
Date Employed	_____	_____	_____
Salary	_____	_____	_____

## References

	1.	2.	3.
Name	_____	_____	_____
Relationship	_____	_____	_____
Phone	_____	_____	_____
Address	_____	_____	_____

**Agreement-**I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision, including public information and other information to which the School has lawful access, including information that is contained on social networking sites. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the School. If there is information pertaining to the applicant that the applicant believes requires explanation, interpretation, or clarification when considered by the School, it is the obligation of the applicant to communicate this to the School.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date