Iowa Association of School Boards



Iowa Teaching Application

Resources for Iowa School Employment





General Information

| Application Date: Date Available: |
|---|
| First Name: Last Name: |
| Are you eligible to work in the United States? Yes \square No \square |
| Current Home Phone: Work Phone: |
| Permanent Phone: |
| Current Address: |
| Permanent Address: |
| Position(s) for which you are applying: |
| Are you available full time? Yes □ No □ |
| Are you willing to consider less than full time? Yes \square No \square |
| Are you under a teaching contract for next year? Yes □ No □ Where? |
| Have you applied for your Iowa Teacher License? Yes No Iowa Folder Number: |
| Do you hold a license from another state? Yes \(\Boxed{\square} \) No \(\Boxed{\square} \) If so, which state(s)? |
| What certifications, endorsements or approvals have you achieved (including coaching authorization)? |
| Have you previously held a licensed position in an Iowa public school? Yes No |
| District: |
| Have you successfully completed an official probationary period in a public school district? Yes \square No \square If yes, what was the length of the probationary period? |
| in yes, what was the length of the probationary period: |

| Have you successfully con | mpleted a mentoring and in pr | duction ogram? | |
|---|--|---|--|
| | If yes, | when? | |
| | If no, have you com | poleted: third year | nave been recommended for a I am not being recommended cense |
| Are you on a sex offender | registry? Yes □ No □ | | |
| Are you on the Departmen | t of Human Services' child | abuse registry? Yes 🗆 No |) 🗆 |
| Have you ever been convid | cted of a felony or misdeme | eanor (excluding traffic viol | ations)? Yes \square No \square |
| Please provide date, incide | nt, city/state of charge: | | |
| offense, and the relationsh considered. Are you able to perform, w | f the previous questions is not in the previous questions is not in the previous questions and with or without reasonable as wired of this position? | the position for which you consider the | • |
| essential job functions requ | ired of this position? | | |
| If no, explain: | | . | |
| High School Attended: | 1. 0. | Location: | |
| Have you served in the Mi | · | | |
| If yes, I served in these wa | rs and/or conflicts: | | |
| Educati | on | | |
| College: | Location: | Degree & Major/Minor: | Number of Hours Beyond Highest Degree: |
| | | | |
| | | | |
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Employment

| School District/Employer: | | |
|---------------------------|----------------------------|---|
| Employer Address: | | |
| | | |
| Supervisor's Name: | Supervisor's Phone Number: | |
| Date Worked From: | Date Worked To: | |
| Position: | | |
| | | |
| Duties: | | |
| Reason For Leaving: | | |
| | | |
| | | |
| School District/Employer: | | |
| Employer Address: | | |
| | | _ |
| Supervisor's Name: | Supervisor's Phone Number: | |
| Date Worked From: | Date Worked To: | |
| Position: | | |
| | | |
| Duties: | | |
| Reason For Leaving: | | |
| | | |
| | | |
| School District/Employer: | | |
| Employer Address: | | |
| | | _ |
| Supervisor's Name: | Supervisor's Phone Number: | |
| Date Worked From: | Date Worked To: | |
| Position: | | |
| <u></u> | | |
| Duties: | | |
| Reason For Leaving: | | |
| | | |



References

| Reference's Name: | Reference's Employer & Address: | Reference's Position: | Reference's Home Phone: | Reference's Work Phone: |
|-------------------|---------------------------------------|-----------------------|----------------------------|----------------------------|
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Application Verification

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. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at-will.

| S | ignature: | Date: | |
|---|-----------|-------|--|
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