

**WILLIAMSBURG COMMUNITY SCHOOL DISTRICT**

**810 WEST WALNUT STREET, P.O. BOX 120**

**WILLIAMSBURG, IA 52361**

**PHONE: 319-668-1059**

**CERTIFIED EMPLOYMENT APPLICATION**

POSITION DESIRED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Grade Level or Subject Preferred

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial Maiden

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip

MILITARY SERVICE? \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ (Optional - may be required on other forms before employment)

Can you be lawfully employed in this country due to Visa or Immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

Month/Day/Year Available for Employment: \_\_\_\_\_

Do you object to driving or traveling? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License # (if required for position): \_\_\_\_\_

HIGHEST DEGREE HELD: \_\_\_\_\_ GRANTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

LATEST DATE COLLEGE CREDIT EARNED: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

Note: If you do not hold a current Iowa certificate, contact the Department of Education, Practitioner Preparation and Licensure Bureau, Grimes State Office Building, Des Moines, IA 50319-0146 to determine your eligibility for Iowa Certification.

EDUCATIONAL ATTAINMENT: \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Master's Degree  
\_\_\_\_\_ Bachelor's Degree + 15 Hours \_\_\_\_\_ Master's Degree + 15 Hours  
\_\_\_\_\_ Bachelor's Degree + 24 Hours \_\_\_\_\_ Master's Degree + 30 Hours

Have you ever:

- been refused tenure, reappointment or a continuing contract? Yes \_\_\_\_\_ No \_\_\_\_\_
- been discharged or requested to resign from an employment position? Yes \_\_\_\_\_ No \_\_\_\_\_
- had a certificate or license revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_
- been convicted of criminal conduct? Yes \_\_\_\_\_ No \_\_\_\_\_
- been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child or any felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- been convicted of a drug or alcohol related charge? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any criminal charges or proceedings pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been convicted of a felony or any offense involving moral turpitude? Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION**

**SUBMIT A PHOTOCOPY OF YOUR CURRENT CERTIFICATE**

WHAT TEACHING CERTIFICATE DO YOU HAVE?
WHAT IS YOUR IOWA FOLDER NUMBER?
WHAT ENDORSEMENT(S) DO YOU HAVE?
WHAT APPROVAL(S) DO YOU HAVE?

NOTE: IF YOU DO NOT HOLD A CURRENT IOWA CERTIFICATE, CONTACT THE DEPARTMENT OF EDUCATION, PRACTITIONER PREPARATION AND LICENSURE BUREAU, GRIMES STATE OFFICE BUILDING, DES MOINES, IA 50319-0146 TO DETERMINE YOUR ELIGIBILITY FOR IOWA CERTIFICATION.

**EDUCATIONAL PREPARATION (List Chronologically)**

EDUCATION	NAME OF SCHOOL OR UNIVERSITY AND LOCATION	MAJOR	DEGREE/ NO. HOURS	DATES OF ATTENDANCE (FROM/TO)
High School				
College or University				

**EDUCATIONAL HONORS, AWARDS (List Chronologically)**

NAME OF SCHOOL/LOCATION	NAME AND DATE OF HONOR/AWARD	PRESENTING DEPARTMENT

**STUDENT TEACHING EXPERIENCE (List Chronologically and Include Any Internships)**

NAME OF SCHOOL/LOCATION	GRADE LEVEL AND/ OR SUBJECT	SUPERVISING TEACHER	DATES (FROM/TO)

**TEACHING EXPERIENCE (List Chronologically - Do Not Include Substitute Teaching)**

NAME OF SCHOOL DISTRICT/LOCATION	POSITION HELD Grades and/or Subjects Taught (Specify)	DATES (FROM/ TO)	TOTAL YEARS	FULL OR PART TIME	REASON FOR LEAVING

**WORK EXPERIENCE OTHER THAN TEACHING (Include Military Experience)**

EMPLOYER/LOCATION	POSITION/RANK	INCLUSIVE DATES	REASON FOR LEAVING/ DISCHARGE

**DISCIPLINARY HISTORY**

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," PLEASE INCLUDE AN EXPLANATION ON THE BACK OF THIS PAGE.

1. HAVE YOU EVER BEEN REFUSED TENURE, REAPPOINTMENT OR A CONTINUING CONTRACT?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM AN EMPLOYMENT POSITION?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. HAVE YOU EVER HAD A CERTIFICATE OR LICENSE REVOKED OR SUSPENDED?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. HAVE YOU EVER BEEN CONVICTED OF CRIMINAL CONDUCT?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_
5. ARE ANY CRIMINAL CHARGES OR PROCEEDINGS PENDING AGAINST YOU?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE INVOLVING THE SEXUAL MOLESTATION, PHYSICAL OR SEXUAL ABUSE, OR RAPE OF A CHILD OR ANY FELONY?  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. HAVE YOU EVER BEEN CONVICTED OF A DRUG OR ALCOHOL RELATED CHARGE?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**CONTRACT STATUS**

1. ARE YOU CURRENTLY UNDER CONTRACT? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHERE? \_\_\_\_\_  
PRESENT POSITION: \_\_\_\_\_  
TYPE: SUBSTITUTE \_\_\_\_\_ PROBATIONARY \_\_\_\_\_ TENURED \_\_\_\_\_  
OTHER \_\_\_\_\_
2. HAVE YOU CHECKED AND CAN YOU BE RELEASED IF YOU ARE OFFERED ANOTHER POSITION?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NO, EXPLAIN: \_\_\_\_\_
3. WHY DO YOU WISH TO LEAVE YOUR CURRENT POSITION TO TEACH IN THE WILLIAMSBURG COMMUNITY SCHOOL DISTRICT?  
\_\_\_\_\_  
\_\_\_\_\_
4. HAVE YOU EVER HELD A CONTINUING CONTRACT IN IOWA?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, CITE SCHOOL DISTRICT(S) AND DATE(S): \_\_\_\_\_
5. PLEASE PROVIDE INFORMATION ABOUT YOUR CURRENT, IMMEDIATE SUPERVISOR OR THE SUPERVISOR FOR THE MOST RECENT CONTRACT POSITION YOU HAVE HELD.  
NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
WORK TELEPHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_  
  
IF YOU HAVE BEEN EMPLOYED IN YOUR CURRENT POSITION FOR LESS THAN FIVE (5) YEARS, PLEASE PROVIDE INFORMATION ABOUT YOUR IMMEDIATE SUPERVISOR IN YOUR PRIOR POSITION.  
NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
WORK TELEPHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

IT IS THE **APPLICANT'S RESPONSIBILITY** TO HAVE THE FOLLOWING INFORMATION PROVIDED TO THE SCHOOL DISTRICT IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

1. PROVIDE THE NAMES OF AT LEAST THREE PROFESSIONAL REFERENCE SOURCES. IF YOU ARE A BEGINNING TEACHER, LIST PRINCIPAL AND UNIVERSITY SUPERVISOR UNDER WHOM STUDENT TEACHING WAS DONE, AS WELL AS OTHERS ASSOCIATED WITH THE TEACHER EVALUATION PROGRAM.
2. UNLESS INCLUDED IN PLACEMENT FILE, APPLICANTS WITH TEACHING EXPERIENCE MUST PROVIDE RECOMMENDATIONS FROM PRINCIPALS AND/OR SUPERINTENDENTS FOR ALL CONTRACT EDUCATIONAL EMPLOYMENT WITHIN THE PAST THREE YEARS. IF EXPERIENCE WAS NOT WITHIN THE PAST THREE YEARS, PROVIDE REFERENCES FROM MOST RECENT POSITION AS A TEACHER OR ADMINISTRATOR UNDER CONTRACT.
3. PLEASE CHECK: \_\_\_\_\_ A PLACEMENT FILE IS BEING SENT OR \_\_\_\_\_ REFERENCES ARE LISTED BELOW

**REFERENCES**

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

NOTE: INDICATE THE NUMBER OF YEARS EXPERIENCE IN THE ACTIVITIES LISTED BELOW. INDICATE ACTIVITIES YOU ARE QUALIFIED FOR AND WILLING TO COACH/SPONSOR BY CIRCLING THE NAME OF THE ACTIVITY.

Extracurricular Activities	High School Experience	College Experience	Contract Experience
Football			
Basketball			
Baseball			
Softball			
Track			
Cross Country			
Wrestling			
Gymnastics			
Field Hockey			
Golf			
Tennis			
Volleyball			
Soccer			

Extracurricular Activities	High School Experience	College Experience	Contract Experience
Student Government			
Newspaper			
Yearbook			
Speech/Debate			
Drama			
Cheerleading			
Other Clubs			
Other Sports			

DO YOU HAVE A VALID IOWA COACHING AUTHORIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_

**IMPORTANT ADDITIONAL REQUIREMENTS**

1. IN ADDITION TO COMPLETING THIS APPLICATION FORM YOU SHOULD PROVIDE US A COPY OF YOUR TEACHING CERTIFICATE. BEGINNING TEACHERS SHOULD ARRANGE FOR THE PLACEMENT OFFICE TO SEND US A COPY OF THEIR COLLEGE CREDENTIAL FILE (REFERENCES).

2. A PERSONAL INTERVIEW IS REQUIRED BEFORE AN APPLICANT CAN BE RECOMMENDED FOR CONTRACT.
3. PURSUANT TO IOWA LAW, A PHYSICAL EXAMINATION WILL BE REQUIRED PRIOR TO BEGINNING EMPLOYMENT.
4. THE DISTRICT, AT ITS DISCRETION, MAY PERFORM A CRIMINAL RECORDS CHECK, A CHECK OF RECORDED HISTORY OF CHILD ABUSE, DRIVING RECORD (IF DRIVER'S LICENSE IS REQUIRED), VERIFICATION OF EMPLOYMENT AND EDUCATIONAL INFORMATION.
5. UPON ACCEPTANCE OF A CONTRACT, THE APPLICANT MUST PROVIDE A COMPLETE ORIGINAL TRANSCRIPT OF CREDITS.

*The Williamsburg Community School District provides equal opportunity in employment to all persons regardless of age, race, creed, color, sex, national origin, religion or disability.*

**WILLIAMSBURG COMMUNITY SCHOOL DISTRICT**  
**810 West Walnut**  
**Williamsburg, Iowa 52361**

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**READ CAREFULLY:**

I hereby certify that all application statements are true and complete to the best of my knowledge, and I understand that if I am employed, false statements on this application, whenever discovered, may be sufficient cause for immediate dismissal at the District's discretion.

I understand that before any contract becomes effective or compensation is possible, a valid Iowa teaching certificate and a completed school district physical examination form must be filed with the Superintendent of Schools for the Williamsburg Community School District.

I further agree that, if employed, I will accept assignments to grade level, subjects and activities made by the Superintendent and the Williamsburg Board of Education.

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**SIGNATURE OF APPLICANT**

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**DATE**