



**List any activities that may restrict your availability** (participation in a sport, band, R.A, J-term trip, etc.) \_\_\_\_\_

**List any experience with children** (kindergarten—8th grade) \_\_\_\_\_

### WORK EXPERIENCE

(A resume may be used in place of the Work Experience and/or Professional References sections)

Date Employed (month/year)	Place of Work (include address and phone)	May we contact?	Supervisor's Name	Type of Work	Reason for Leaving
From: To:		Yes No			
From: To:		Yes No			
From: To:		Yes No			
From: To:		Yes No			

### PROFESSIONAL REFERENCES

(If you are a student, include one teacher or professor as reference.)

- Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Firm: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Firm: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Firm: \_\_\_\_\_ Years known: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you on a sex offender registry? Yes No Are you on the Department of Human Services child abuse registry?  
Yes No Have you ever been convicted of a felony or misdemeanor (excluding traffic violations) or received a de-  
ferred judgment? Yes No If yes, please provide date, incident, city/state of charge: \_\_\_\_\_

Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position?  
Yes No If no, please explain: \_\_\_\_\_

I hereby authorize that my former and/or current employer(s), professional colleagues, instructors or friends may provide any information requested by the search committee of the Storm Lake Community School District regarding my professional competence, performance and character.

I understand that, if employed, any false statements on this application shall be considered sufficient cause for dismissal. I also understand that all employees are required to have a **physical examination** as a condition of employment. I also understand that because of the tremendous responsibility the Storm Lake Community School District has to its students and their families, I understand that a **criminal background check and child abuse registry screening** will be conducted before a candidate is approved by the district's Board of Education.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
If a Storm Lake Community School District employee referred you, please list his/her name and position: \_\_\_\_\_

STORM LAKE COMMUNITY SCHOOL DISTRICT  
**VOLUNTARY PERSONAL INFORMATION FORM**

The following information is requested in order to monitor our Affirmative Action Program and to insure equal employment opportunity. While you are not required to complete this section, your cooperation in providing the data will be appreciated.

***THIS VOLUNTARY INFORMATION WILL NOT BE USED IN HIRING.  
 IT WILL BE FILED SEPARATELY AND KEPT CONFIDENTIAL.***

<b>1. Name:</b>	<b>2. Position for which application is made:</b>
<b>3. Sex:</b> Male           Female	<b>4. Age:</b>
<b>5. Vietnam Era Veteran</b> (service between 8/5/64 and 5/7/75)  ___Yes    ___No	<b>6. Disabled Veteran?</b>  ___Yes    ___No
<b>7. Race/Ethnicity (check as appropriate)</b> ___ a. White (not of Hispanic ancestry) ___ b. Black (not of Hispanic ancestry) ___ c. Oriental or Native Pacific Islander ___ d. Asian Non-Oriental (ancestry of Middle East/India subcontinent) ___ e. American Indian or Alaskan ___ f. Hispanic (Spanish or Portuguese ancestry)	<b>8. Citizenship (check one):</b> ___ a. U.S. citizen ___ b. immigrant ___ c. Refugee ___ d. non-immigrant  Current Visa type:
<b>9. Mental or Physical disability?</b> ___Yes    ___No	<b>10. Nature of disability (list):</b>

**11. If this disability might affect your performance or create a hazard to yourself and others in connection with the position to which you have applied, please state the following:**

- |   |  |
|---|--|
| a. The skills and procedures you use or intend to use to perform the job duties notwithstanding the disability. | b. The accommodations we could make to enable you to perform the duties safely and properly. |
|---|--|

**Source(s) from which you learned of this vacancy:**

- a. Personal contact (who and where) \_\_\_\_\_
- b. Job announcements posted in Storm Lake Community School District (building): \_\_\_\_\_
- c. Job announcements posted at other institution (name of institution): \_\_\_\_\_
- d. Notice in professional journal (name of journal): \_\_\_\_\_
- e. Newspaper ad (name of newspaper): \_\_\_\_\_
- f. Professional meeting/organization (name): \_\_\_\_\_
- g. Other (list): \_\_\_\_\_