



SUPPORT APPLICATION

Return all materials to:
Southeast Valley Community Schools
Attn: District Office
1005 Riddle St., P.O. Box 49
Gowrie, Iowa 50543-0049

Applying for position (s):

Equal Opportunity/Affirmative Action Employer

1. PERSONAL INFORMATION

Name _____ Home Phone _____

Address _____ Office Phone _____

City, State, Zip _____

Date of Birth _____ Social Security Number _____

(This information is needed to process the required background check, should you be offered employment)

2. EDUCATION

List names of secondary schools attended and the grade completed:

<i>Institution</i>	<i>Attended From – to</i>	<i>Grade Completed</i>

List names of post - secondary schools attended and the degree received in order, beginning with the most recent.

<i>Institution</i>	<i>Attended From – to</i>	<i>Degree Date</i>	<i>Major</i>	<i>Minor</i>

3. EXPERIENCE

List information beginning with current position

<i>Position</i>	<i>Company Name</i>	<i>Location City/State</i>	<i>From-To</i>	<i>Salary History</i>

4. OTHER PERTINENT EXPERIENCE

Position	Employer	Location City/State	# of Years	From/To

(continued)

5. REFERENCES

Please list three (3) references who may be contacted.

Name	Title	Address	Telephone

7. SERVICE RECORD

Have you served in the past as a veteran, or are you currently serving?

_____ Yes _____ No

A. Inclusive dates of service: from _____ to _____

B. Discharge status: _____ honorable _____ other _____

I hereby certify the information given in this application is correct and true.

I acknowledge that the position of teacher is a position of public trust and I specifically authorize the board, or its agents, to contact References, to investigate my background, and to make such other inquires as the board in its discretion deems relevant to assess my qualifications for the position of teacher. I authorize former employers or any references to disclose personnel records and appraisals Of my performance or information about my qualifications for the position of teacher and release them from any liability for such disclosure.

Signature _____

Date _____