

APPLICATION FOR EMPLOYMENT-CERTIFIED  
LAKE MILLS COMMUNITY SCHOOL  
102 South 4<sup>th</sup> Avenue East, Lake Mills, IA 50450  
EOA/AA

(Please Print)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Telephone (Day): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Telephone (Evening): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Telephone (Cell): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Current Teaching Certificate? \_\_\_Yes \_\_\_No Where are Credentials on File? \_\_\_\_\_ Education Level? \_\_\_\_\_  
BA, BA+15, MA, MA+15

Position Desired: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_

Education:

Level:	Name/Location:	Major Courses:	Years Completed:	Diploma/Degree:
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Teaching Experience/Employment (include student teaching):

Name:	Address:	Date Began:	Date Ended:	Wage:	Reason for Leaving:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Military Service:

Branch: \_\_\_\_\_ Date Began: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Rank/Type of Service: \_\_\_\_\_

Training/Experience Received: \_\_\_\_\_

Additional information you want to share such as licenses, memberships, hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information we may need, pertaining to your name, for us to be able to do background checks: \_\_\_\_\_  
\_\_\_\_\_

References:

Name:	Address:	Phone:	Occupation:	Years Known:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

APPLICANT'S STATEMENT

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of two (2) years; after that time I need to submit a new application to be considered for employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, related papers, and interviews. I authorize all individuals, schools, and firms named therein to release information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification/willful omission shall be sufficient for dismissal or refusal of employment.

Applicant's Signature/Date: \_\_\_\_\_