Howard-Winneshiek Community School District
Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____

POSITION DESIRED:

(Circle Aide areas, if you have a preference)

_____ Aide — Clerical, Guidance, Library and Special Education
_____ Custodial
_____ Food Service
_____ Secretary
_____ Transportation
_____ Summer Help
_____ Other: _____

_____

PERSONAL INFORMATION:

Name: _____
Last First Initial

Present Address: _____
Street or Rural Route City State Zip Code

How long at present address? _____

Area Code: _____ **Telephone Number:** _____

Employment desired: ____ Full-Time Only ____ Part-Time Only ____ Full or Part-Time ____Seasonal

When available for work? _____

Education:

Type of School	Name of School	Location (Complete mailing Address)	# of Years Completed	Major & Degree
High School				
Graduation Date:				
College				
Graduation Date:				
Bus. or Trade School				
Graduation Date:				
Professional School				
Graduation Date:				

Have you been convicted of violating either a State or Federal law? _____ Yes _____No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

_____

_____

To Be Completed by Aide and Secretary Applicants, ONLY:

(Check the items you have experience in)

_____ Basic payroll preparation _____ Handling of cash receipts _____ Computer/word processing

_____ Assisting children _____ Copy machine _____ Public Relations _____ Calculator/10 Key

To Be Completed by Custodial and Maintenance Applicants, ONLY:

(Check the items you have work experience in)

☐ Carpenter ☐ Glazing ☐ Grass cutting ☐ Electrical

☐ Ground Care ☐ Cement/Masonry ☐ Machine Shop ☐ Furnace

☐ Plumbing ☐ Window washing ☐ Painting ☐ Roofing

☐ Other: _____

_____

To Be Completed by Bus or Truck Driver Applicants, ONLY:

Driver License Number: _____ No. of Years Qualified: _____

Chauffeur's License Number: _____ No. of Years Qualified: _____

Has your motor vehicle license been revoked or suspended within the last 5 years? _____

Have you had any accidents during the last three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Have you been convicted of violating either a State or Federal law? _____

If yes, explain number of

Driving Experience:	No. of Years:	For Whom:
1. 2 ton or over single unit	_____	_____
2. Semi with tractor	_____	_____
3. Bus	_____	_____
4. Other	_____	_____

Mechanical Experience:

Please indicate any training or experience on motors, ignition, bodies, etc. (If none, please check, none)

_____

_____

_____

_____ None

WORK EXPERIENCE:

Please list your work experience for the PAST FIVE YEARS beginning with your most recent job held. If you were self-employed, give firm name. Attach addition sheets if necessary.

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

MILITARY RECORD:

Have you ever been in the Armed Forces? _____ Yes _____ No

Are you now a member of the National Guard? _____ Yes _____ No

Specialty:_____ Date Entered:_____ Discharge Date:_____

Please list two references other than relatives or previous employers.

Name:_____

Position:_____

Company:_____

Address:_____

_____

Telephone: (_____) _____

Name:_____

Position:_____

Company:_____

Address:_____

_____

Telephone: (_____) _____

I HEREBY CERTIFY, UNDER PENALTY OF IMMEDIATE DISMISSAL, THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AND AUTHORIZE THE DISTRICT TO CONSULT PREVIOUS AND PRESENT EMPLOYERS. MY SIGNATURE GIVES AUTHORIZATION FOR THE BOARD OF EDUCATION TO ENTER CLOSED SESSION TO DISCUSS MY APPLICATION CREDENTIALS.

APPLICANT: _____ Date: _____

IT IS THE POLICY OF THE HOWARD-WINNESHIEK COMMUNITY SCHOOL DISTRICT TO PROVIDE EQUAL OPPORTUNITY IN EMPLOYMENT TO ALL PERSONS REGARDLESS OF SEX, RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, ABILITY OR DISABILITY, MARITAL STATUS OR CREED.

Background Screening Information Form

Basic Information

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

Motor Vehicle Records Check

Drivers License Number	State Issued

Address History Please provide a complete address history for the last SEVEN-year period.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that Howard Winneshiek CSD (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations** LLC, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com**. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO _____
If so, do you want a copy of any Consumer Report prepared concerning you? YES_____ NO _____

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor

IOWA | Health and Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☒ Both

Please specify your preferred **method of response**: ☐ Address ☐ Fax ☒ Email

Section 1: To be completed by the person or agency requesting the information.

Last Name	First Name	Agency Name	Telephone Number
Castonguay	Lester	C4 Operations Background Check Services	888-519-6283

Address	Fax Number
1201 Edgewood Rd SW	888-634-7091

City	State	Zip Code	Email
Cedar Rapids	IA	52404	admin@c4operations.com

What is the purpose of your request for child or dependent adult abuse information?
background check

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requester [signature] Date 08/07/2025

Complete this Section

Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)	Birth Date	Social Security Number

Address	City	County	State	Zip Code

List maiden name, previous married names, and any alias:

I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 2 of this form is correct.

Signature of Person Authorizing Release	Date

Section 3: To be completed by the Central Abuse Registry or designee.

Signature of Registry Staff or Designee	Date