

**HOWARD-WINNESHIEK COMMUNITY
SCHOOL DISTRICT**

FOR OFFICE USE ONLY

Date Received: _____

PLEASE NOTE: This application is for **SUBSTITUTE TEACHERS ONLY**. A separate application *must be completed* for **TEACHER AIDE** positions.

Please complete and forward application to:

Human Resource and Administration

Howard-Winneshiek Community School District

Mailing Address: **1000 Schroder Drive
Cresco, IA 52136**

For information please phone:

Main Office: (563) 547-2762

Fax: (563) 547-5973

NAME: _____

LName

FName

Middle

MAILING ADDRESS: _____

PHONE:

Home: _____

Other(s): _____

Previous name used at job or school (if applicable): _____

Do you currently hold an Iowa Teaching License? No _____ Yes _____

License Level: _____

Endorsements: _____

EDUCATIONAL QUALIFICATIONS:

University & Address	Specialization Major/Minor	Degree (or) Diploma Rec'd	Last Year of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE:

Number of Years/Months/Days Experience (circle one)

Grade Level(s)

1) As a Full-Time Classroom Teacher: _____

2) As a Substitute Teacher: _____

Grade Preferences (please circle):

Pre-K

K

1

2

3

4

5

6

7

8

9

10

11

12

Center/Building Preferences: _____ Cresco Elementary

_____ Junior High

_____ High School

Subject Preferences: 1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Have you previously applied to substitute as a teacher with the Howard-Winneshiek Community School District?

Yes _____ No _____

If yes, what year? _____

Were you previously employed as a substitute teacher with the Howard-Winneshiek Community School District?

Yes _____ No _____

If yes, what year? _____

Which languages do you speak, read and/or write?

Are there times you would not be available to substitute teach? _____ Yes _____ No

Please explain: _____

NOTE: If you are no longer available to substitute teach; please contact the Howard-Winneshiek Community School District as soon as possible so that your name can be removed from the Substitute Teacher List to avoid unnecessary calls to you.

CRIMINAL RECORDS CHECK:

An investigative consumer report “release authorization” (attached) must be included upon submission of this application.

*****PLEASE READ AND SIGN THE STATEMENT BELOW*****

I certify that the information in this application packet is the truth and is accurate. I authorize the full investigation of information given in this application and consent to the representative of the Howard-Winneshiek Community School District contacting my previous employers, schools attended and legal authorities. I understand that misinformation, misstatement or omission of any information request shall be reason for not qualifying and/or termination of qualification for employment. I understand and agree to abide by the policies and regulations of the Howard-Winneshiek Community School District if authorized to substitute. I understand the application; transcripts and other data are the property of the Howard-Winneshiek Board of Education and will not be returned to me. I understand if I accept a substitute teacher position, I am agreeing to a temporary, part-time position and an intermittent (“as needed”) work schedule.

Signature of Applicant (must be signed)

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.

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.			

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 _____ (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



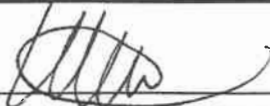
Authorization for Release of Child and Dependent Adult Abuse Information

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 Castonguay	First Name Lester	Agency Name C4 Operations Background Check Services	Telephone Number 888-519-6283
Address 1201 Edgewood Rd SW			Fax Number 888-634-7091
City Cedar Rapids	State IA	Zip Code 52404	Email 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 			Date 08/07/2025

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
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Complete this Section