



# Midland Employee Application Form

Midland Community School District  
106 West Webster St., PO Box 109, Wyoming, IA 52362

## Application for Coach/Sponsor Employment

Application Date: \_\_\_\_\_

**Check the appropriate box:**

- Assistant Coach/Sponsor at the MS/HS
- Head Coach/Sponsor at the MS/HS

**Write in the Specific Position(s) you are applying for:**

**What is your Iowa BOEE Coaching License/Authorization Number:**

**Personal Information:**

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street Box Number  
City State Zip

Telephone: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_ No: \_\_\_ Do you have a permit to work? Yes: \_\_\_ No: \_\_\_

**Education:**

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Diploma? Yes: \_\_\_ No: \_\_\_ GPA: \_\_\_\_\_

College: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Degree? \_\_\_\_\_ GPA: \_\_\_\_\_

Other: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree/Diploma/Certification: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you received other formal training that may help qualify you for this position? Yes: \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

Do you have any other skills or qualifications that are related to this position, but are not shown on the application? If yes, please explain: \_\_\_\_\_

### Work Experience:

1. Present or most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date left: \_\_\_\_\_ Salary: \_\_\_\_\_  
Your duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your supervisor? Yes: \_\_\_\_ No: \_\_\_\_  
If yes, include supervisor's phone number: \_\_\_\_\_
2. Employer (prior to #1): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date left: \_\_\_\_\_ Salary: \_\_\_\_\_  
Your duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor's name and phone number: \_\_\_\_\_
3. Employer (prior to #2): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date started: \_\_\_\_\_ Date left: \_\_\_\_\_ Salary: \_\_\_\_\_  
Your duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor's name and phone number: \_\_\_\_\_

If you do not wish to have your present employer/supervisor contacted, please provide the name and phone number of two - three (2-3) work-related references:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Disciplinary History:

Have you ever been discharged or asked to resign from a position? No: \_\_\_\_ Yes: \_\_\_\_

Have you been convicted of a criminal conduct offense other than a minor traffic violation? No: \_\_\_\_ Yes: \_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of an offense involving sexual molestation, physical or sexual abuse, rape of a child, or any felony? No: \_\_\_\_ Yes: \_\_\_\_

Have you ever been convicted on a drug or alcohol related charge? No: \_\_\_ Yes: \_\_\_

Do you give permission to the district to conduct a criminal background investigation? No: \_\_\_ Yes: \_\_\_

Are you willing to provide fingerprints if required? No: \_\_\_ Yes: \_\_\_

### **Military Background:**

**Past:** Branch of service: \_\_\_\_\_ Serial #: \_\_\_\_\_

Length of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Discharge status: \_\_\_\_\_

**Present:** Selective Service Classification: \_\_\_\_\_

Local Board Number and Address: \_\_\_\_\_

Member of the National Guard? No: \_\_\_ Yes: \_\_\_

Member of the Reserve Unit? No: \_\_\_ Yes: \_\_\_ Ready: \_\_\_ Standby: \_\_\_

Unit attached to and address: \_\_\_\_\_

### **General Information:**

Are you able to perform the essential functions of the position? No: \_\_\_ Yes: \_\_\_

If no, please explain: \_\_\_\_\_

Would you be willing to work overtime if needed? No: \_\_\_ Yes: \_\_\_

Date you are available to begin work? \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_

Emergency contact relation to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### **If Employed:**

1. I agree to abide by and observe all rules and regulations of the District.
2. I understand that completion of a physical examination may be required prior to beginning employment. As a new employee, the cost of this initial exam would be my financial responsibility.
3. I understand that employment depends on successful completion of a probationary period to the satisfaction of the District.

I certify that all statements in this application are true, and I agree and understand that any misstatement or willful omission of material facts may be cause for immediate termination of employment. I understand that I am applying for employment with the Midland Community School District, who uses an outside source to verify information that I have provided on my application.

I understand that investigative background inquiries and verifications will be made on myself, which may include criminal, driving, employment, education records, verification of name, social security trace, workers compensation claims, and/or civil records. The report may include information about my character, job

performance, work habits, rehire, education and references. I understand that I release all liability from the company performing my background investigation and consent to the disclosure of information to the Midland Community School District.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License: \_\_\_\_\_

Former addresses for the last 10 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Notice of Nondiscrimination:**

It is the policy of Midland Community School District not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, religion, creed, sexual orientation, age (for employment), and actual or potential family, parental, or marital status (for programs). If you have a question or complaint related to this policy, or for information about the district's grievance procedures, please contact Lacie Jordan, 106 W Webster Street, Wyoming, IA 52362, (319) 259-5340, [midlandhr@midland.k12.ia.us](mailto:midlandhr@midland.k12.ia.us) or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 FAX: (303) 844-4303, TDD: (800) 877-8339, Email: [OCR.Denver@ed.gov](mailto:OCR.Denver@ed.gov).