

**WEST BEND-MALLARD COMMUNITY SCHOOL DISTRICT**

**High/Middle School  
Business Office**

300 3<sup>rd</sup> Ave SW  
P.O. Box 247  
West Bend, IA 50597  
Phone – (515) 887-7831  
AD Office – (515) 887-7841  
FAX – (515) 887-7853



**ADMINISTRATION**

*Amanda Schmidt ~ Superintendent  
Brian Rodemeyer ~ Elem. Principal  
Paul Peppmeier ~ MS/HS Principal  
Tyson Wirtz ~ Athletic Director  
Crystal Eggers ~ Business Manager*



**Elementary School**

414 Micawber St  
Mallard, IA 50562  
Phone – (712) 425-3452  
FAX – (712) 425-3413

**"WOLVERINES"**

**SUPPORT STAFF APPLICATION**

Application for: \_\_\_\_\_ Position

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Military Service/Branch? \_\_\_\_\_ Date of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

(Check one):

Are you eligible to work in the United States?      Yes      No

Are you available full time?      Yes      No

Are you willing to consider less than full time?      Yes      No

Are you on a sex offender registry?      Yes      No

Are you on the Department of Human Services child abuse registry?      Yes      No

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?      Yes      No

Please provide date, incident, city/state of charge: \_\_\_\_\_

Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position?      Yes      No

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

High School attended: \_\_\_\_\_ Location: \_\_\_\_\_

## Education

College	Location	Degree & Major/Minor	Graduation Yes/No/Date	Number of Hours Beyond Highest Degree

## Employment References

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Date Worked From: \_\_\_\_\_ Date Worked To: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Date Worked From: \_\_\_\_\_ Date Worked To: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Date Worked From: \_\_\_\_\_ Date Worked To: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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## References

Name	Reference's Employer & Address	Position	Home Phone	Work Phone

## Application Verification

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminated-at-will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ S\_\_

Complete this application form. Print and send it along with letter of application, résumé, and credentials to:

Superintendent  
West Bend-Mallard CSD  
PO Box 247  
West Bend, IA 50597  
EOE/AA