

WEST BEND-MALLARD COMMUNITY SCHOOL DISTRICT

**High/Middle School
Business Office**

300 3rd 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"

TEACHER 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 under a teaching contract for next year? Yes No Where? _____

Have you applied for your Iowa Teacher License? Yes No

If so, which state(s)? _____

What certifications, endorsements or approvals have you achieved (including coaching authorization)?

Have you previously held a licensed position in an Iowa public school? Yes No

District: _____

How many total years of teaching experience do you have? _____

Have you successfully completed an official probationary period in a public school district? Yes No

If yes, what was the length of the probationary period? _____

Have you successfully completed a mentoring and induction program? Yes No

If yes, when? _____

If no, have you completed (Check one):

One Year

Two years but have been recommended for a third year.

Three years and am not being recommended for a professional license.

None

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

School District/Employer: _____
 Employer's Address: _____
 Supervisor's Name: _____
 Supervisor's Phone: _____
 Date Worked From: _____ Date Worked To: _____
 Position: _____
 Duties: _____
 Reason For Leaving: _____

School District/Employer: _____
 Employer's Address: _____
 Supervisor's Name: _____
 Supervisor's Phone: _____
 Date Worked From: _____ Date Worked To: _____
 Position: _____
 Duties: _____
 Reason For Leaving: _____

School District/Employer: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Date Worked From: _____ Date Worked To: _____

Position: _____

Duties: _____

Reason For Leaving: _____

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: _____

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