



# WEST BEND-MALLARD COMMUNITY SCHOOL DISTRICT



## Administration

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

300 3<sup>rd</sup> Ave SW  
 PO Box 247  
 West Bend, IA 50597  
 Phone - 515-887-7821  
 Fax - 1-866-206-3655

## Board of Education

John Zaugg - President  
 Dave Bruellman – Vice President  
 Jillian Hansen      Chris Montag  
 Nicole Myer      Dawn Schmidt  
 Todd Thilges

# WOLVERINES

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: \_\_\_\_\_

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School District/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: \_\_\_\_\_

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