



BISHOP HEELAN CATHOLIC SCHOOLS

FAITH • KNOWLEDGE • VALUES • SERVICE

Application for Employment

Position(s) applied for:

50 13th Street
Sioux City, IA 51103
Phone: 712.252.1350

Please complete application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "See Resume." A resume may be attached to provide additional information. Incomplete applications may not be given consideration for employment.

Personal Information

Name _____
Last First Middle

Address _____
Street/P.O. Box City State Zip

Telephone #: Home (_____) _____ Work (_____) _____ Ext. _____

E-mail or Fax, if available _____ Mobile/Beeper/Other Phone # (_____) _____

May we contact you at work? Yes No If yes, best time _____ A.M. P.M.

Type of employment desired Full-time Part-time Temporary Hours Available: _____

Are you legally authorized to work in the United States? * Yes No

* As required by federal law, only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" [Form I-9] and produce requested documentation after employment.

Will you work overtime if required? Yes No Will you travel if job requires it? Yes No

Have you ever been convicted of, or pleaded guilty or "no contest" to, or received a deferred judgment or suspended sentence relating to a criminal offense, excluding traffic offenses? ____ Yes ____ No If you answered yes, please briefly explain: (A "yes" response will not automatically disqualify you from employment.)

Military or other war service in the Armed Forces of the United States

Please give inclusive dates, branch of service, and final rank. Iowa Veteran's Preference Law applies to honorably discharged persons who served in the military or naval forces of the U.S. in certain specified periods of time.

Active _____

Reserve _____

General Information

Total years of teaching experience (**excluding** student teaching): _____
 Are you now under contract? Yes No Date of expiration: _____
 Date available for employment: _____
 Have you filled out an application with us before? Yes No Date: _____ Position: _____

Employment History

**This section must be completed; do not refer to resume.*

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section below.

Employer	Telephone	Dates Employed	Type of work performed
Address	City, State, Zip	From	
Job Title	Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Immediate Supervisor and Title		To	
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Ending Salary
Employer	Telephone	Dates Employed	Type of work performed
Address	City, State, Zip	From	
Job Title	Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Immediate Supervisor and Title		To	
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Ending Salary
Employer	Telephone	Dates Employed From To	Type of work performed
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Job Title	Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Immediate Supervisor and Title		To	
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Ending Salary
Employer	Telephone	Dates Employed	Type of work performed
Address	City, State, Zip	From	
Job Title	Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Immediate Supervisor and Title		To	
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			Ending Salary

2. Other professional references (do not include immediate supervisors listed in employment section):

Name	Organization	Address		
Title	()	Phone	City	State Zip

Name	Organization	Address		
Title	()	Phone	City	State Zip

Referral Source:					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Govt. Employment Agency	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other Employment Agency
<input type="checkbox"/> Other	Name of source (if applicable)				

Please read the following and address any questions to Human Resources or Manager before signing:
ALL APPLICANTS -- PLEASE READ THE FOLLOWING BEFORE SIGNING

We provide employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, pregnancy, marital status, status with regard to public assistance, sexual preference or identity, religion or condition of health or physical disability.

I hereby certify that the statements made by me in this application and all related information that I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal.

I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.

If it is deemed necessary to check credit or criminal records, this check will be conducted by an outside source, such as a commercial investigation BHCS. You should be aware that these outside agencies may keep and use information they supply to us in this investigation for their own business purposes. Further information such as the name of the investigating company or the nature and scope of such inquiry, if one is made, is available to you upon request. This is a notice provided in conformance with the Fair Credit Reporting Act of 1970.

I understand that from time to time this BHCS may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release BHCS, its officers, its agents, and their successors, from any liability resulting from submitting/releasing such information.

I acknowledge that the BHCS may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a functional screen, medical exam (e.g., general office), drug testing or alcohol testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug or alcohol testing is required, a satisfactory result may be a condition of employment. The examination and test will be performed at the BHCS's expense, by the BHCS's choice of physician.

I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity. Please have necessary documents promptly available for inspection as required by law.

I understand that this application does not create an offer of employment.

If employed, I agree to abide by the rules and regulations of BHCS.

I understand that if I am employed as a teacher with BHCS, I will be provided a contract. If I am not employed as a teacher, my employment is at will and my employment relationship can be terminated by either party at any time and for any legal reason.

I have read and understand the above notice, including the at will basis of employment.

Signature of Applicant

Date

Signature of Director or BHCS Representative

Date