



# BISHOP HEELAN CATHOLIC SCHOOLS

FAITH • KNOWLEDGE • VALUES • SERVICE

## Application for Employment

Position(s) applied for:

50 13<sup>th</sup> 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<br>From To | 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          |

Please explain any breaks or periods of unemployment in your employment history

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

**Educational and Professional Preparation**

|                    | Name of Institution (list most recent first) | Location | Dates (from-to) | Major | Minor | Semester Units | Degree/Date |
|--------------------|--|----------|-----------------|-------|-------|----------------|-------------|
| Undergraduate Work |  |          |                 |       |       |                |             |
|                    |  |          |                 |       |       |                |             |
|                    |  |          |                 |       |       |                |             |
| Graduate Work      |  |          |                 |       |       |                |             |
|                    |  |          |                 |       |       |                |             |
|                    |  |          |                 |       |       |                |             |

**Certification**

| Area of Certification | Issuing State | Date Issued |
|-----------------------|---------------|-------------|
|                       |               |             |
|                       |               |             |
|                       |               |             |
|                       |               |             |

**Skills and Qualifications**

List other employment skills, special training, or related courses that you would like considered as part of your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

1. Current Supervisor                      May we contact your current supervisor?     Yes     No

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Name                                      Organization                                      Address

\_\_\_\_\_                      (    )                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Title                                      Phone                                      City                      State                      Zip

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   |       |

|  |                                      |                                   |  |                                  |  |
|--|--------------------------------------|-----------------------------------|--|----------------------------------|--|
| <b>Referral Source:</b>                |                                      |                                   |  |                                  |  |
| <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.

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Signature of Applicant

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Date

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Signature of Director or BHCS Representative

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Date