



Dunkerton Community School District

509 S Canfield St, Dunkerton IA

319-822-4295

SUPPORT STAFF APPLICATION



Last Name:	First Name:	Middle Initial:
Date of Birth:	Social Security Number:	
Address:		
City:	State:	Zip Code:
Phone #:	Email Address:	
Current Date:		
Position(s) applying for (check areas you seek employment): <input type="checkbox"/> Custodial <input type="checkbox"/> Food Service <input type="checkbox"/> Secretarial <input type="checkbox"/> School Business Official <input type="checkbox"/> HR/Payroll <input type="checkbox"/> Para-educator <input type="checkbox"/> Bus/Van Driver <input type="checkbox"/> Sub Para-Educator <input type="checkbox"/> Sub Bus/Van Driver		

EDUCATION			
	Location (city, state)	Degree(s)	Dates Attended/Graduated
High School			
College(s)			

Applicants for Positions Requiring Driving (circle your response)		
Do You hold a commercial driver's license (CDL)? List Endorsements/Restrictions:	Yes	No
Have you ever been involved, as a driver, in a motor vehicle accident? Explain:	Yes	No
Have you ever been Found guilty of a moving traffic violation?	Yes	No
Have you ever had your license suspended or revoked?	Yes	No

Work Experience
(List most recent employer first)

Employer:	
City/State:	Dates of Employment:
Duties and Responsibilities:	
Reason for Leaving:	
Supervisor's Name & Phone Number:	
Employer:	
City/State:	Dates of Employment:
Duties and Responsibilities:	
Reason for Leaving:	
Supervisor's Name & Phone Number:	
Employer:	
City/State:	Dates of Employment:
Duties and Responsibilities:	
Reason for Leaving:	
Supervisor's Name & Phone Number:	

Personal References

List at least three (3) References who are familiar with your performance, experience, or character.

Name:	Position:
Relationship:	Phone:
Name:	Position:
Relationship:	Phone:
Name:	Position:
Relationship:	Phone: