Gilbert C	nunity Schools District Application					Date:			
Last Name	First Name					Middle			
Address	City					State		Zip Code	
Phone:		Er	mail:				_		
Current Position	ı:								
				Ed	lucationa	al Training			
		Name of School				Location		tes Inclusive	Graduation Date
High School(s)									
College or University									
conege or ornive.	. 5 ,								
						perience			
Dates From-To		Business		Location		Number of Yea	ırs	Reason	for Leaving
<u> </u>			•				1		
					Refere	ences			
Name/Position		Business				Phone		Email (optional)	

	Professional Interest		
Positions desired in order of preference: 1 2.		3	
What Certifications do you have?			
Education Level as of this date: (please circle)			
High School Diploma or GED	Bachelor's Degree	Master's De	gree
Are you eligible to work in the United States?	Yes No		
Have you ever been convicted of a criminal off Yes No If yes, explain, giving dates and detailed inform	,	nor) other than a mind	or traffic violation?
Have you ever had any indicated finding of chil Yes No If yes, explain, giving dates and detailed inform	•	?	
Does your name appear on any Sex Offender D	Database in any state or co	untry? Yes No	
Equal Opportunity Employer The Gilbert Community School District is an Equal Oppor opportunities regardless of race, creed, gender, color, na District has a policy of active recruitment of qualified min application for any opening should contact the Superinte Applicant's Acknowledgment and Agreement By signing below, candidate authorizes the school district whether candidate has been convicted of any criminal or investigation authorization form as a condition for candid check on the Statewide Sex Offender Database. Candidate	ational origin, religion, age, sexual nority teachers and non-certified endent's Office at 515-232-3740. It to conduct an investigation of conduct an investigation of conduct an investigation of conduct and as set forth in successions.	orientation or disability. I orientation or disability. I employees. Any individual and idea	The Gilbert Community School needing assistance in making School Code to determine est, agrees to execute an e School District perform a
I,, agree to all of Name	the terms above.	Signature	 Date

Please email to gilbertcsd@gilbertcsd.org or mail to 103 Mathews Dr Gilbert, Iowa 50105 Please also include a cover letter and resume.

Questions call: 515-232-3740