

**CAMANCHE COMMUNITY SCHOOL DISTRICT
SUBSTITUTE TEACHER APPLICATION**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Certification: _____

Prefer: K - 4 _____ 5 - 8 _____ 9 - 12 _____

General Information:

- Approved employee physical examination report required (Board Policy 402.4).
- It shall be the District's policy to require applicants who are provisionally selected for employment to provide a written criminal conviction "records check".
- I hereby certify that the information herein is a true and complete statement of my personal and professional record to date. I will make the District aware of any future changes to my teaching licensure.
- I have never been convicted of or pleaded guilty to a felony or misdemeanor.
- No disciplinary action has ever taken place regarding my certification in any state or country.
- If there is any misrepresentation on this application, I may not be considered for employment, or if employed, it will be grounds for dismissal.

**IF YOU CANNOT CERTIFY TO ANY ONE OR MORE OF THE ABOVE
STATEMENTS, PLEASE ATTACH AN EXPLANATION AND PROVIDE ANY
CLARIFYING INFORMATION THAT YOU FEEL IS RELEVANT.**

Please attach a copy of the following:

Teaching License
Mandatory Reporter Certificate
Transcripts

Signature

Date



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry, Dependent Adult Abuse Registry, Both (checked)

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, Email (checked)

Section 1: To be completed by the person or agency requesting the information.

Requester: Last First Agency Name Telephone Number
Sweeney, James Inquirehire, Inc (563) 323-5441
Address 320 LeClaire Street Fax Number (563) 323-5441
City Davenport State Iowa Zip Code 52801 Email inbox@inquirehire.com

List the name and address of the person whose information is being requested:

Name (last, first, middle) Birth Date Social Security Number
Address City County State Zip Code

Complete Section

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information? EMPLOYMENT

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor Date
James M. Sweeney

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Sign Here

Signature of Person Authorizing Date

Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee Date

Comments

**LEGAL PROVISIONS FOR HANDLING
CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

**Redissemination of Child and Dependent Adult Abuse Information
(Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



DISCLOSURE and AUTHORIZATION

Pursuant to the Fair Credit Reporting Act, this document is to inform you that as part of our procedure in processing and evaluating your application for employment, we may be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This disclosure & authorization may be used to obtain a consumer report at any time during your employment, unless revoked in writing.

I, _____, hereby authorize Inquirehire or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h).

I am providing the following information for the preparation and proper verification of the consumer report.

Previous maiden name or other married name? Yes ___ No ___
If yes, list names and corresponding years. _____

Drivers License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past counties of residence and corresponding years: (i.e. Scott, IA 2003 – 2013)
County _____ Years: From _____ through _____
County _____ Years: From _____ through _____

Current Address, City, State, & Zip

For Minnesota and Oklahoma and California, check here if you would like a copy of the consumer report.

Under the Fair Credit Reporting Act, you are entitled to a copy of your report. Various states have similar requirements and if you would like to know individual state requirements, you can contact Inquirehire at 800-494-5922 or go to www.inquirehire.com/resource/IndividualStaterights.

I hereby acknowledge that I have read and understand this document and authorize the obtaining the consumer report.

Signature _____ Date _____ Email address _____

Print Full Name - Include Middle Name (please print legibly)

Parent/Guardian Signature if under 18 _____ Date _____