

**CAMANCHE COMMUNITY SCHOOL DISTRICT
SUBSTITUTE TEACHER APPLICATION**

Name: _____

Address: _____

Email 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.

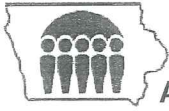
**IF YOU CANNOT CERTIFY TO ANY ONE OR MORE OF THE ABOVE
STATEMENTS, PLEASE ATTACH AN EXPLANATION AND PROVIDE ANY
CLARIFYING INFORMATION THAT YOU FEEL IS RELEVANT.**

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

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

- Address, Fax, Email

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?
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

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.
Signature of Person Authorizing Date

Sign Here

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 FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with CAMANCHE COMMUNITY SCHOOL DISTRICT, I understand consumer reports will be requested by you (Camanche Community School District). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: _____

Dated: _____

Inquirehire, Inc. 320 LeClaire Street, Davenport IA 52801 | 800-494-5922 or inbox@inquirehire.com
To view Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>

Revised April 28, 2016

Important Notification: Inquirehire cannot provide legal advice. The information contained herein is sample language only and should not be used without consultation and approval from your own legal counsel.

AUTHORIZATION FOR CONSUMER REPORTS

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Camanche Community School District. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Camanche Community School District to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Inquirehire (“Agency”), 320 LeClaire Street, Davenport, IA 52801, telephone number (800) 494-5922, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.inquirehire.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

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 2007 – 2017)

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

Current Address, City, State, & Zip

Signature

Date

Email address

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

Parent/Guardian Signature if under 18

Date

Inquirehire, Inc. 320 LeClaire Street, Davenport IA 52801 | 800-494-5922 or inbox@inquirehire.com

To view Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>

Revised May 5, 2017

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