

OFFICE USE ONLY: File Complete _____ Resume _____ Letter of Interest _____
 Credentials _____ Transcript(s) _____ Copy of Iowa Teaching Certificate _____

**MARTENSDALE-ST.MARYS COMMUNITY SCHOOL
 APPLICATION FOR CERTIFIED PERSONNEL EMPLOYMENT**

It is the policy of the Martensdale-St. Marys Community School District not to illegally discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity, and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy, please contact the district's Equity Coordinator. MStM's Equity Coordinator is Mike Crozier, secondary principal. His address is MStM Community School, 390 Burlington, Martensdale, Iowa 50160. His phone number is 641-764-2686 and his email address is: mike_crozier@m-stmarys.k12.ia.us.

Position Applied For: _____

Last Name	First Name	Middle	Soc. Sec. Number
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Number & Street	City	State	Zip Code
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__() _____ __() _____
 Phone (Area Code) Number-Day Phone (Area Code) Number-Evening

Iowa Teaching Certificate Folder Number: _____

EDUCATION

Undergraduate Studies - Major: _____ Minor: _____

<u>School</u>	<u>Location</u>	<u>Years Attended</u>	<u>Credits/Degrees</u>
High School			
College			

Graduate Studies Major: _____ Minor: _____

REFERENCES

Please list four references. Be certain to include superintendents, principals, and/or immediate supervisors with whom you have worked and with whom you are now working. Instructors under whom you have recently studied may also be included. Provide all information requested.

1. Name: _____ Position: _____ Work Number: _____

Address: _____ Home Number: _____

2. Name: _____ Position: _____ Work Number: _____

Address: _____ Home Number: _____

3. Name: _____ Position: _____ Work Number: _____

Address: _____ Home Number: _____

4. Name: _____ Position: _____ Work Number: _____

Address: _____ Home Number: _____

Read Before Signing:

Misrepresentation or willful omissions may be sufficient cause for disqualification of this application or termination of employment. I hereby authorize Martensdale-St. Marys Community Schools to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

Signature

Date

**Return To: Jill Gavin
Business Manager
Martensdale-St.Marys Community Schools
Box 350
Martensdale, Iowa 50160
jill_gavin@m-stmarys.k12.ia.us**