MURRAY COMMUNITY SCHOOL **Application for Employment**

DATE OF APPLICATION _____

DATE AVAILABLE FOR EMPLOYMENT _____

Name: _____
Last First Middle Maiden

Current Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

US Citizen: ___Yes ___No If no, are you legally eligible to work in the United States: ____yes ___no

Position(s) applied for: _____ Employment desired: _____ Full-Time Only
_____ _____ Part-Time Only
_____ Full or Part-Time

EDUCATION:

Name of School	Dates Attended	Date of Graduation	Program of Study

MILITARY EXPERIENCE:

Active Duty: _____ to _____ Branch: _____
Location of Duty: _____ Rank at Discharge: _____
Honorable Discharge: ____ yes ___ no

Reserve Duty: _____ to _____ Branch: _____
Obligation Period: _____
Times of current training duty: _____

WORK EXPERIENCE: Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. List jobs held, duties performed, skills used or learned, advancements or promotions while you worked at each company.

Employer: _____ Address: _____
Supervisor: _____ Phone: _____
Dates of Employment: _____ Reason for Leaving: _____
Position, Duties & Responsibilities: _____
_____

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Position, Duties & Responsibilities: _____
_____

REFERENCES:

Name/Position	Employer/Address	Phone	May we contact
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No

Are you able to perform, with or without reasonable accommodation, the essential job function required of this position? Yes No
If no, explain_____

Are you on the sex offender registry? Yes No
Are you on the Department of Human Services child abuse registry? Yes No
Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, please provide date, incident, city/state of charge: _____
_____

I hereby certify that the information contained in this application, to the best of my knowledge, is true, accurate and complete. I authorize authorization and investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts is cause for disqualification of this application or termination of employment. I hereby give the Murray Community School permission to contact school(s), previous employers (unless otherwise indicated), references, and others, and hereby release the Murray Community School from any liability as a result of such contact.

_____ _____

Applicant Signature Date

The Murray Community School District is an Equal Opportunity Employer/Affirmative Action employer.

Please return completed application to:

Murray Community School District
Attn: Supt. Office
PO Box 187
Murray, IA 50174

STATE OF IOWA
Criminal History Record Check
Request Form

DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name _____

Address _____

_____

Phone _____

Fax _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	**First Name** (mandatory)	**Middle Name** (recommended)
Date of Birth (mandatory)	**Gender** (mandatory)	**Social Security Number** (recommended)
	☐ **Male** ☐ **Female**	

Release Authorization: **Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.**

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

☐ No Iowa Criminal History Record found with DCI

☐ Iowa Criminal History Record attached, DCI #_____

DCI initials_____

Release Authorization Information:

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) only. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment ***is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.