Newman Grove Public Schools 101 S. 8th St. Newman Grove, NE 68758 PHONE: 402.447.6294 ; FAX: 402.447.2445 WEBSITE: www.newman.esu8.org

APPLICATION FOR EMPLOYMENT

Please type or print in ink only

Newman Grove Public Schools ("School District") is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, martial status, disability, religion, age, or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the Superintendent for assistance.

Position Applied For	Date of Application			
Last Name	First Name		Middle Initial	
Present Address (Number and Street)	City	State	Zip	
Telephone Number(s): Home	()		Cell ()	
Email Address:				

CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- I am a high school graduate or hold a GED
- I can understand and follow verbal directions
- I can understand and follow written directions
- I have not been convicted of a crime involving physical or sexual abuse
- I can, after being hired, verify my legal right to work in the United States

If you have checked all the boxes above, please continue to the second page If any box above is unchecked, please submit the application now.

Have you ever been employed with us before? Yes No
If yes, provide date(s) to
Are you under 18 years of age?YesNo
If you are under the age of 18, you may need to supply the School District a work permit or limit your hours to those permitted by law.
May we contact your current employer?YesNo
Have you ever been terminated from employment? Yes No
Have you ever been notified of possible cancelation, termination or non-renewal of employment? Yes No <i>If yes, please explain the circumstances:</i>
Have you ever resigned to avoid being notified of possible cancellation, termination or non-renewal of your employment? YesNo If yes, please explain the circumstances:
Have you ever had a complaint filed against you with the Professional Practices Committee of the Nebraska Department of Education? Yes No <i>If yes, please explain the circumstances and the outcome:</i>
Specify days and hours for which you are available:
Date available to start work?
If the job you are applying for requires a valid driver's license, please complete the information below:
Number State Regular CDL
Do you have any relatives presently employed by the School District? Yes No
If yes, give names, divisions and relationship:
Are you willing to work overtime if required?YesNo
Are you willing to work different shifts, if required? Yes No
IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT

IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment, but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

EMPLOYMENT EXPERIENCE

Start with your current or last job and complete the information below. (Attach additional sheets if necessary)

Employer Name	Address (Street, City, Zip)	Employed	From	То
Job Title	Supervisor	Supervisor Phone N	lo.	
Starting Wage Ending Wag	e Reason for Leaving			
Summarize nature of work p	erformed			

Employer Name		Address (Street, City, Zip)	Employed	From	То	
Job Title		Supervisor	Supervisor Phone N	lo.		
Starting Wage	Ending Wage	Reason for Leaving				
Summarize nati	ure of work perfo	ormed				

Employer Name	Address (Street, City, Zip)	Employed	From	То
Job Title	Supervisor	Supervisor Phone N	lo.	

Starting Wage	Ending Wage	Reason for Leaving				
Summarize nat	ure of work performed					
Have you serve	ed in the United States A	rmed Forces?	Yes	No		
lf yes, please g	ive dates of military serv	rice: From	_ То		_	
Branch?						
Summarize nat	ure of work performed: _					

Are you claiming veterans' preference?

If yes, a copy of your DD Form 214 must be attached to this application. The School District shall give a preference to eligible veterans as required by law. If employment is conditioned on passing an examination, Veterans who obtain passing scores on all parts or phases of the examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled veteran.

Yes

No

EDUCATIONAL BACKGROUND (Attach additional sheets if necessary)

High School Name and Location	9 10 1′ (mark highest grade c		
Community College	School / Location	Course of Study	
Graduated?YesN	Degree Obtained?	Yes No	
Trade School	School / Location	Course of Study	
Graduated?YesN	Degree Obtained?	Yes No	
College / University	School / Location	Course of Study	
Graduated?YesN	Degree Obtained? _	Yes No	
Seminars / Other	Please describe		

Computer Skills (please explain your level of proficiency below):

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the School District.

REFERENCES (List three individuals familiar with your work ability. Do not include relatives.)

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

Signature

Γ

Date

CONSENT TO PROVIDE EMPLOYMENT HISTORY TO PROSPECTIVE EMPLOYERS

I, _____ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

- 1. Date and duration of employment;
- 2. Pay rate and wage history on the date of receipt of this consent;
- 3. Job description and duties;
- 4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;
- 5. Attendance information;
- 6. Results of drug or alcohol tests administered within one year prior to the request for information;
- 7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- 8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- 9. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.

Printed Name

Signature

Date

Criminal History Disclosure and Acknowledgment and Authorization For Criminal Background Check

Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years?

_____Yes _____No

(Convictions do not necessarily bar you from employment, but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The School District is not asking you to disclose the contents or details of any sealed records or that any sealed records

If yes, please explain: _____

exist.)

Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the School District, or any other company authorized by the School District, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the School District, or any other company authorized by the School District, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name:			
Other Names Used:			
Current Address:			
City:	State:	Zip Code:	_ Country:
Social Security Number: _		Date of Birth:	
Sex: Race:	Driver's License N	Number and State:	
Signature:		_Date:	