

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? Yes No

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? Yes No

Have you ever been terminated from employment? Yes No

Have you ever been notified of possible cancellation, termination or non-renewal of employment? Yes No
If yes, please explain the circumstances:

Have you ever resigned to avoid being notified of possible cancellation, termination or non-renewal of your employment?
 Yes No
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
If yes, please explain the circumstances and the outcome:

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? Yes No

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	To
Job Title	Supervisor	Supervisor Phone No.		
Starting Wage	Ending Wage	Reason for Leaving		
Summarize nature of work performed				

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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

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

Date

