Application for Certificated Personnel District OR-1 Public Schools

An Equal Opportunity/Affirmative Action Employer

P.O. Box 130 Palmyra, NE 68418 Phone: 402-780-5327 Fax: 402-780-5328

Please type or print your responses in ink.

Name	I.	PERSON	AL & CO	NTACT I	NFORMATIO	ON		
First	Mid		Last		(Maiden)			
Present Address	G.				Telephone (_)		
Darmanant Addraga	Street	City	State	Zip T	Calanhona ()		
Permanent Address (If different from present address.)	Street	City	State	1 1	elephone (_/	 	
(,	21122		~~~~	_F				
Social Security Numb	er / /		E-mail	address _				
YesNo. Are you	u a former Distric	ct OR-1 Publ	ic Schools	employee	e? Date of sepa	ration		
Date available to work	with District OF	R-1 Public So	chools					
		II.	CERT	– IFICATI	ON			
CERTIFICATIONTyNone Valid Net	oraska teaching cer	tificate.*	•		TypeRa	ınkLe	vel	
Areas of Specialization Valid certificate—otl	her state (specify)							
* Attach photocopy of				ick)				
				~				
		III.	POSITI	ON DESI	RED			
If you are endorsed in a SpecialistElemen			choice 1, se	econd choic	ce 2, etc.:			
SPECIALIST—check be Art Counselor E						Iedia Special	ist	
Music Physical	Education S	chool Psychol	logist	Speech Pat	hologist O	ther		
Special Ed. (check):	_ Behaviorally Dis	sordered	Early Chile	dhood Spec	cial Education	Hearing l	mpaired	
Learning Disabled							_	
Mentally Handicar	-			•				
Level preferred: Mark fi				-11				
Elementary	Middle School	01	High S	cnool				
ELEMENTARY TEAC	CHER-complete th	ne following:						
Level preferred: Mark fi	rst choice 1, second	d choice 2, etc						
Kindergarten								
Check any of the follow	-		_	-	-	_		
Computer Early	Childhood En	glish Languag	ge Learners	Gifted _	Headstart	_ Reading	_ Science	
SECONDARY TEACH	JED complete the	following						
SECONDARY TEACH Level preferred: Mark fi								
Middle School (6-8)			2)					
List in order of preference								

	Check B	y of the following for boys and/or Cross	G for g	irls.		-			age. ckBG Volleyball			
		strumental Music					al Music	Voca	l Music Yearbook			
Describe Yo	our Experie	nces/Success/Qual	lification	s for marked	d activities:							
		IV.	I	PROFESS	SIONAL T	FRAINING &	EXPE	ERIENCI	Ξ			
		ARY SCHOOL										
Name of S	chool		Grad	Grades Attended		Special Honors or Recognition						
В. 8	STUDENT	T TEACHING										
From To Cooperating Teacher:			School			Location City/State/State			Grade & Subject			
From To Cooperating Teacher:				School		ation /State/State			Subject			
C.	COL	LEGE or UNIV	ERSIT	TIES ATTI	ENDED							
Name of Institution (City, State) Major		Hrs	Minor	Hrs	Year Graduated		ree	GPA (4.0 scale) & Special Honors or Recognition				
D.		CATIONAL W										
Years No. of Position Taught Mos. (also state if full or part-time)				oject acurriculai			Address	Reason for Leaving				
									 			

v. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught in the past 15 years. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals who have been associated with your student teaching. Indicate with an (*) any reference which is included in your credentials.

Name		Position	Contact Info: Telephone & Complete Mailing Address						
Plea	se state wher	e your current references may be secured	(College or University Placement Office or Agency)						
NO	TF. Dlassa h	ave references sent. Re certain that they	are up to date. It is important to include evaluations from principals,						
		or supervisors under whom you have tau							
		VI	. QUESTIONS						
	are typing you Eligibility for • Are you not	ur answers, please respond to at least on or hire: ow under contract?YesNo.	best you can. If more space is needed please attach additional pages. If e question in your own handwriting. They do you wish to leave your current position?						
	any of the p an essential		cherwise) which prevents you from performing the essential functions of the or without accommodation? (Note: regular, dependable attendance is rict OR-1 Public Schools.)						
2.	• Have you yes, give dat	District OR-1 Public Schools:	or employment with District OR-1 Public Schools?YesNo. If employed at District OR-1 Public Schools?						
	●What exp	eriences have you had with Distri	ct OR-1 Public Schools or the community of District OR-1?						
3.	Prior Histor • Have you describe:		ntract of employment with any school district?YesNo. If yes,						
	•Have you	◆Have you ever had a diploma, credential, or certificate denied or revoked?YesNo.							
4.	●Are you fa	l & Multi-cultural Background: miliar with the School Improvement Pro	cess?YesNo. process						
	If yes, described Have you has Students • How woul	_ Music Art P.E Penmansh d you address different racial/ethnic, ge	on Gifted cas applicable): Foreign Language: Special Education Gifted						
5.		d Professional Self-Evaluation: n effective teacher:							
	•Describe your professional strengths and abilities and personal characteristics which will apply to your position:								

•Describe	your	weakness/areas	in	which	you	feel	you	need	to	improve:
•Describe yo	ur future pla	ns and goals in educ	ation &	your plans t	or remaini	ing at our	school if	hired:		
		VI	I. P	PERSONAI	DISCLO	SURE				
pplication, your	application	n. If there is no res WILL BE REMOVE nployment but will b	D FRO	M CONSID	ERATION	N. Inform	ation prov	ided in thi		
1.		ever received a ticker elating to sexual or pl					arrested o	r been con	victed fo	or a criminal
2.		swered "Yes" to Que s) involved, and the								
3.	public rep	ever had any licens primand or admonis ect to a judicial restra	hment f	rom a licer	sing agen	cy (e.g.,	Nebraska			
4.		swered "Yes" to Ques, date(s), agency(ies								
5.		ent? Yes No		rminated or	asked to	resign, o	or resigne	d in lieu (of termin	nation from
6.		swered "Yes" to Qu (s), the date(s) and th						on includi	ing the i	name of the
Vote: School pol	icy requires	that a criminal histor	ry record	d informatio	n check be	e complet	ted prior to	o employm	ent.	
ne relied upon in information if an inade by me on the become employ	n considering of the infinite application of the second control of	e, correct and compling my application. I formation changes at on or any supplement school district. I under the complexity of the complex	ete answ unders any tin t will be lerstand	tand it is r ne. I under sufficient g that disclos	tements or ny respon- estand that grounds for sure of soc	sibility to any omi failure to all securi	o immedia ission, falso o employ ty number	ntely provi sification of me or for it is optiona	de upda or misrep ny disch al. It wil	ted, correct presentation arge should I be used to
Legal Signature o	of Applicant									
Date:		20								

It is the policy of District OR-1 Public Schools to not discriminate on the basis of age, sex, handicap or disability, race, color, religion, marital status, veteran status, national or ethnic origin pregnancy, or childbirth or related medical condition in its employment policies or other administered programs. Persons requiring accommodations to apply and/or be considered for positions with District OR-1 Public Schools are asked to make their request to the Superintendent.