Application for Classified Personnel District OR-1 Public Schools

An Equal Opportunity/Affirmative Action Employer

P.O. Box 130 District OR-1, NE 68418 Phone: 402-780-5327 Fax: 402-780-5328

Please type or print your responses in ink.

Name				I.	PER	RSONAL	& CON	TACT INFORM	IATIO)N
Ivame	First			Mid	dle		Last			 Iaiden)
Present A	Address _							Telephone (_)	
Permane	nt Address	3	Street		City	State	Zip	Telephone ()	
(If different from present address.) Street		Street		City	State	Zip		/		
Social Se	ecurity Nu	mber	·/	/		E-ma	ail addres	SS		
		•						oyee? Date of sep		
					I	I. P	POSITIO	N DESIRED		
For what	t position(s)	are ;	you applyi	ing? If	more than	one area,	, mark fir	st choice 1, second	l choice	2, etc.:
						III.	EDU	CATION		
A.		ARY	SCHOOL	L(S) AT	TENDED	and GED):Y	es No		
Name of	School			Grad	les Attende	ed Speci	ial Honor	s or Recognition		
В.	COLLEG	E or l	UNIVERS	ITIES	ATTENDI	ED and O	THER PO	OST-SECONDAR	Y EDU	CATIONAL PROGRAMS
Name of (City, Sta	Institution ate)		Major	Hrs	Minor	Hrs	Year Gradua	Degree ted		GPA (4.0 scale) & Special Honors or Recognition
					IV			XPERIENCE		
								rs, starting with you ed falsification of it		nt or most recent employer.
Start	End	Pos	ition	D	outies	ing may oc	Na	me, Mailing Addr		Reason for Leaving
Date Date (also state if full or part-time) and Telephone of Employer										
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Work Experience Continued: Start Name, Mailing Address End **Position Duties Reason for Leaving** Date (also state if full and Telephone of Date or part-time) **Employer** V. **SKILLS** List technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied. Identify other credentials, licenses, professional affiliations, etc. relevant to the Position(s) If required for the Position, do you have a valid driver's license? No VI. REFERENCES List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Relationship (e.g. supervisor, Contact Info: Telephone & Complete Mailing Address Name friend) VII. **QUESTIONS** Directions: Please answer each of the questions below as best you can. If more space is needed please attach additional pages. If you are typing your answers, please respond to at least one question in your own handwriting. 1. Eligibility for hire: • Are you currently employed? ___Yes ___No. If yes, give name of employer & why do you wish to leave your current position? • Are you eligible to work in the United States? ___Yes ___No. • Are you 18 years of age or older? ___Yes ___No. • Do you have any condition (physical, mental, or otherwise) which prevents you from performing the essential functions of any of the positions for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of positions at District OR-1 Public Schools.) ___Yes ___No. If yes, describe: **Interest in District OR-1 Public Schools:** • Have you previously filed a written application for employment with District OR-1 Public Schools? Yes No. If yes, give date(s) and position for which you applied: • Why do you want to be employed at District OR-1 Public Schools? ___ • What experiences have you had with District OR-1 Public Schools or the community of District OR-1? **Prior History:** • Have you ever had failed or refused to fulfill a contract of employment with any employer? ___Yes ___No. If yes, describe: • Have you ever had a certificate or license for work purposes denied or revoked? Yes No. If yes, describe: **Self-Evaluation:** • Describe your employment 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 your future plans and goals in employment & your plans for remaining at our school if hired: ____

VIII. PERSONAL DISCLOSURE

Have you ever received a ticket, been charged with an offense, been arrested or been convicted for a criminal offense

Respond to EACH item. If there is no response to any item, or if the required attachments do not accompany your application, your application WILL BE REMOVED FROM CONSIDERATION. Information provided in this disclosure will not automatically bar you from employment but will be considered in view of all relevant circumstances.

1.

Date: __

	relating to sexual or physical abuse? Yes No								
2.	If you answered "Yes" to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the each ticket, charge, or arrest (use an attachment if needed):								
3.	Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency or been subject to a judicial restraining or contempt order? Yes No								
4.	If you answered "Yes" to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the each situation (use an attachment if needed):								
5.	Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes No								
6.	If you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.								
Note: School po	olicy requires that a criminal history record information check be completed prior to employment.								
	VIII. VERIFICATION								
may be relied usinformation if a made by me or should I become be used to contact the major that it is not be used to contact the major that is not a major that is no	have made true, correct and complete answers and statements on this application in the knowledge that they upon in considering my application. I understand it is my responsibility to immediately provide updated, correct any of the information changes at any time. I understand that any omission, falsification or misrepresentation in this application or any supplement will be sufficient grounds for failure to employ me or for my discharge me employed with the school district. I understand that disclosure of social security number is optional. It will induct background checks for employment purposes and for personnel and payroll processing and required am employed. I further understand that employment in a classified position would be on an at will basis, will.								
Legal Signature	e of Applicant								
Data:	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.

FOR CDL REQUIRED POSITIONS ONLY

APPLICANT'S CONSENT TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS

Required by Federal Law

I,	(in a out	applicant's name), understand that as a
condition of hire with District OR-1 Public So the results of all DOT-required drug and/or a which I worked as a driver, or for which I to understand that the School District requires r drug and/or alcohol tests which I took durin signing of this consent does not guarantee me Below I have listed all of the companies f position drug and/or alcohol test during the	chools (School District) I must give alcohol tests (including my refusals ok a pre-employment drug and/or alcohol tests to access to the same g this same period of time. I have e a job or guarantee that I will be off for which I worked as a driver, or past two (2) years. I hereby consent	the School District written Consent to obtain to be tested) from all of the companies for ohol test during the past two (2) years. I also information concerning any non-DOT driver also been advised and understand that my ered a position with the School District. for which I took a pre-employment driver to the School District obtaining from those
companies, and I hereby consent to those comy drug and alcohol tests, including:	mpanies furnishing to the School D	istrict, all requested information concerning
 (i) all DOT and non-DOT alcohol tes (ii) all verified positive DOT and non- (iii) all instances in which I refused to (iv) any other violations of DOT agency (v) documentation of successful comp 	cy drug and alcohol testing regulation	st two (2) years; for alcohol test during the past two (2) years ns during the past two (2) years; and ements (including follow-up tests) in the
I specifically authorize the companies to ful	ly complete the School District's Rep	ort of Past Drug and/or Alcohol Test Results
	form.	
The following is a list of all of the companies position drug and/or alcohol test, during the		or which I took a pre-employment driver
Company name	Dates w	orked for/took pre-employment test
	APPLICANT CERIFICATION	N .
I have carefully read and fully understand this of my test results, I consent and agree to wa confidentiality of my drug and alcohol test resemployee or agent of the Company whose di or causes of actions which may result from the form.	Consent to release my past drug and tive any physician-patient privilege sults. I further release the Company a sclosure of the results is in accordance.	alcohol test results. In authorizing the release that may otherwise exist with respect to the nd its medical review officer, and any officer, nce with this release from any and all claims
of my test results, I consent and agree to wa confidentiality of my drug and alcohol test res employee or agent of the Company whose di or causes of actions which may result from the	Consent to release my past drug and live any physician-patient privilege sults. I further release the Company a sclosure of the results is in accordance disclosure of such test results to the mation which I have furnished on the either worked, or for which I took and that this information is material ally disqualify me for a position with Further, I understand that in the ever	alcohol test results. In authorizing the release that may otherwise exist with respect to the nd its medical review officer, and any officer, nee with this release from any and all claims he person or persons identified on this release as form is true and complete, and that I have a pre-employment drug and/or alcohol test, as to my hiring and that my failure to provide the School District or, in the event that I am at of a receipt of a report of past drug and/or

FOR CDL REQUIRED POSITIONS ONLY

APPLICANT'S CERTIFICATION OF PAST DRUG AND ALCOHOL TEST RESULTS Required by Federal Law

During the past two years before this application, I:
Did Did not (check applicable blank) TEST POSITIVE OR REFUSE TO SUBMIT to any pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules.
If I did test positive or refuse to submit, then I further certify that I:
Did Did not N/A (check applicable blank) complete the return-to-duty process of the DOT agency drug and alcohol testing rules. I agree that it is my responsibility to provide the School District with documents establishing completion of such process before I may perform safety-sensitive functions for the School District.
APPLICANT CERTIFICATION
In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this information is material to my hiring and that my failure to provide true and complete information concerning the time period in question will automatically disqualify me for a position with the School District or in the event that I am hired, subject me to immediate termination.
Signature of Applicant Print Name Date