



Loup City Public Schools

Home of the Red Raiders

APPLICATION FOR CERTIFIED EMPLOYMENT

Please type or print in ink only

Loup City Public Schools is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the Superintendent for assistance.

Date of Application _____

Last Name _____ First Name _____ MI _____

Present Address _____

City _____ State _____ Zip _____

Telephone Number(s): Home (_____) _____ Cell (_____) _____

Email Address: _____

Have you ever been employed with us before? Yes No

If yes, provide date(s)

From: _____ To: _____ Department _____

List the positions for which you are making an application (Include Subject and Grade):

List other positions that you would consider (Include Subject and Grade):

List student activities or athletics you are able and willing to sponsor or coach:

List Nebraska certification Level and Endorsements

EDUCATIONAL BACKGROUND
 (Attach additional sheets if necessary)

High School Diploma:	Location	Date of Graduation:	Degree
Community College:	Location:	Date of Graduation:	Degree:
University:	Location	Date of Graduation:	Degree & Endorsement or Hours

EMPLOYMENT EXPERIENCE

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

School Name & District		Address	
Supervisor	Supervisor Contact #	Supervisor Email Address	Dates of Service
Subjects Taught		Grade Level	Reason for Leaving

School Name & District		Address	
Supervisor	Supervisor Contact #	Supervisor Email Address	Dates of Service
Subjects Taught		Grade Level	Reason for Leaving

School Name & District		Address	
Supervisor	Supervisor Contact #	Supervisor Email Address	Dates of Service
Subjects Taught		Grade Level	Reason for Leaving

REFERENCES

(List three individuals familiar with your teaching experience:

Name _____ Relationship _____
School District: _____ Role _____
Address: _____ Phone # _____
Email Address: _____

Name _____ Relationship _____
School District: _____ Role _____
Address: _____ Phone # _____
Email Address: _____

Name _____ Relationship _____
School District: _____ Role _____
Address: _____ Phone # _____
Email Address: _____

May we contact your current employer? _____ Yes _____ No

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

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:

Date available to start work? _____

Are you currently under contract with another school district? Yes No

Do you have any relatives presently employed by the School District? Yes No

If yes, give names, departments and relationship:

Military Experience

Have you served in the United States Armed Forces? Yes No

If yes, please give dates of military service: From _____ To _____

Branch of Service: _____

Summarize nature of work performed:

Are you claiming veterans' preference? Yes No

If yes, a copy of your DD Form 214 must be attached to this application and additional documentation must be provided upon request to determine eligibility. The School District shall give a preference to eligible veterans, veterans' spouses, and/or service members' spouses as required by law. If employment is conditioned on passing an examination, eligible individuals 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.

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

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.

**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 exist.)

If yes, please explain: _____

Acknowledgment & 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: _____

Gender: _____ Race: _____

Driver's License State & Number: _____

Signature: _____ Date: _____