



# Loup City Public Schools

*Home of the Red Raiders*

## APPLICATION FOR 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.

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_

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 \_\_\_\_\_ Department \_\_\_\_\_

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 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:*

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, departments 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 (City, State) \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor Phone # \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Summarize nature of work performed \_\_\_\_\_

\_\_\_\_\_

Employer Name \_\_\_\_\_ Address (City, State) \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor Phone # \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Summarize nature of work performed \_\_\_\_\_

\_\_\_\_\_

Employer Name \_\_\_\_\_ Address (City, State) \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor Phone # \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Summarize nature of work performed \_\_\_\_\_

\_\_\_\_\_

Employer Name \_\_\_\_\_ Address (City, State) \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor Phone # \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Summarize nature of work performed \_\_\_\_\_

\_\_\_\_\_

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 servicemembers' 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.

**EDUCATIONAL BACKGROUND**  
(Attach additional sheets if necessary)

_____	9 _____ 10 _____ 11 _____ 12 _____
High School Name and Location	(mark highest grade completed)
Community College & Location _____	Course of Study _____
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School & Location _____	Course of Study _____
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
College & Location _____	Course of Study _____
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seminars / Other _____	Please describe _____

**SPECIAL SKILLS**

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 \_\_\_\_\_ Relationship to Person \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Person \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Person \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_ Phone # \_\_\_\_\_

**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

**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: \_\_\_\_\_