

Callaway Public Schools

101 N Needham St

Callaway, NE 68825

PHONE: (308) 836-2272; FAX: (308) 836-2771

WEBSITE: www.callawaypublicschools.org

APPLICATION FOR EMPLOYMENT

Callaway Public Schools ("School District") is an Equal Opportunity Employer that considers 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 HR Director for assistance.

Position Applied For _____ Date of Application _____

Social Security Number _____ Date of Birth _____

Last Name _____ First Name _____ Middle Initial _____

Present Address (Number and Street) _____ City _____ State _____ Zip _____

Telephone Number(s): _____
Home _____ Cell _____

Email Address: _____

In case of emergency contact: _____

Home () _____ Cell () _____

Are any of your relatives employed by the District? Yes No

If yes, their name: _____ Relationship to you: _____

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 of the boxes above, please continue to the second page. If any box above is unchecked, please submit the application now.

*May we contact your current employer? 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 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:

If Applying for a Teaching Position:

*Do you currently possess a Nebraska Teaching Certificate: Yes No

If yes, Title: _____ Date Issued: _____ Date Expires: _____

If no, do you have an application pending: Yes No

Are you certified to teach in another state(s)? Yes No

If yes, which one(s): _____

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

Employer's Name & Address	Dates of Employment	Teaching Area

EDUCATIONAL BACKGROUND: (Attach additional sheets if necessary)

<u>Name & Location of School</u>	<u>Years Attended</u>	<u>Major/Minor/Degree</u>	<u>Date Received</u>

REFERENCES: (List three individuals familiar with your work ability. Do not include relatives.)

<u>Name</u>	<u>Relationship to Person</u>	<u>Address</u>	<u>Telephone</u>

APPLICANT'S STATEMENT:

I CERTIFY THAT ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE, MISLEADING OR OMITTED INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN A DECISION NOT TO HIRE ME OR A DECISION TO DISCHARGE ME FROM EMPLOYMENT AFTER HIRING.

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. Attendance information;
5. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
6. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
7. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.

Signature

Date

Printed Name

Background Check Form Information

The attached Background Check form is used to request a background check through *OneSource The Background Check Company*.

You must enter information into each field.

Individuals must sign and date

Please return the Background Check form with your application. Callaway Public Schools will complete the filing of the form when applicable.

If you have any questions, please contact our office at 308-836-2272.