

Application for Classified Personnel

District OR-1

An Equal Opportunity/Affirmative Action Employer

425 F Street, Box 130
 Palmyra, NE 68418
 Phone: (402) 780-5327

E-mail: hanger.rob@districtor1.net

Please type or print your responses in ink.

I. PERSONAL & CONTACT INFORMATION

Name _____
First Middle Last (Maiden)

Present Address _____ Telephone (____) _____
Street City State Zip

Permanent Address _____ Telephone (____) _____
(If different from present address.) Street City State Zip

Social Security Number ____ / ____ / _____ E-mail address _____

___ Yes ___ No. Are you a former District OR-1 employee? Date of separation _____

Date available to work with District OR-1: _____

II. POSITION DESIRED

For what position(s) are you applying? If more than one area, mark first choice 1, second choice 2, etc.:

III. EDUCATION

A. SECONDARY SCHOOL(S) ATTENDED and GED: ___ Yes ___ No

Name of School	Grades Attended	Special Honors or Recognition

B. COLLEGE or UNIVERSITIES ATTENDED and OTHER POST-SECONDARY EDUCATIONAL PROGRAMS

Name of Institution (City, State)	Major	Hrs	Minor	Hrs	Year Graduated	Degree	GPA (4.0 scale) & Special Honors or Recognition

IV. WORK EXPERIENCE

Include all of your last five employers, and all employers for the last 15 years, starting with your current or most recent employer.

Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

Work Experience Continued:

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

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? Yes No

VI. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship (e.g. supervisor, friend)	Contact Info: Telephone & Complete Mailing Address

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.) ___Yes ___No.
 If yes, describe: _____

2. Interest in District OR-1:

•Have you previously filed a written application for employment with District OR-1? ___Yes ___No.
 If yes, give date(s) and position for which you applied: _____
 •Why do you want to be employed at District OR-1? _____

•What experiences have you had with District OR-1 or the communities of Palmyra or Bennet? _____

3. 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: _____

4. 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

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. Have you ever received a ticket, been charged with an offense, or been arrested for anything other than a minor traffic violation? (If you are unsure if a ticket, a charge or an arrest was for a minor traffic violation, answer "Yes")
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. I affirm that none of the information identified in Items # 1 to # 4 in any way involved any of the following: (a) a felony; (b) rape, including statutory rape, or any other sexual assault; (c) sexual conduct with a minor of any kind; (d) abuse of a minor or child of any kind; (e) endangerment of a child or debauching a minor; (f) public indecency; (g) prostitution, pandering, or keeping a place of prostitution; (h) assault or battery (i) kidnapping, false imprisonment or abduction; (j) child pornography; or (k) any offense in which a minor was a victim or a witness.
___ True ___ Not True (If not True, explain fully in Item #2 or Item #4)

VIII. VERIFICATION

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand it is my responsibility to immediately provide updated, correct information if any of the information changes at any time. I understand that any omission, falsification or misrepresentation made by me on this application or any supplement will be sufficient grounds for failure to employ me or for my discharge should I become employed with the school district. I understand that disclosure of social security number is optional. It will be used to conduct background checks for employment purposes and for personnel and payroll processing and required reporting if I am employed. I further understand that employment in a classified position would be on an at will basis, terminable at will.

Legal Signature of Applicant

Date: _____, 200_

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

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