

District OR-1 Home of the Panthers!



Application for Classified Personnel District OR-1 Public Schools

An Equal Opportunity/Affirmative Action Employer 425 F. Street Palmyra, NE 68418
Phone: (402) 780-5327 Fax: 402-303-4008

It is the policy of District OR-1 Public Schools 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 Public Schools are asked to make their request to the Superintendent.

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College	or Universi	ty:						
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REFERENCES:

Name	Relationship (e.g. supervisor, friend)	Contact Info: Telephone & Complete Mailing Address
ETERAN P	REFERENCE	
ocumentatio	n with your application. Note: This s	rence please indicate Yes No, and submit the appropriate section is optional; you need to request a Veterans Preference even it ference, you need not submit information about your veteran status.
Applicant	Veteran? Yes No. If yes, submi	it DD Form 214.
Disabled V	/eteran? Yes No. If yes, submit	DD Form 214 and Veteran's disability verification.
Spouse of marriage.	100% Disabled Veteran? Yes	No. If yes, submit DD Form 214, veteran's disability verification and proof
		thin 180 days of the spouse's discharge or separation of service.
YesYes _	•	
DUESTION irections: Plea	NS: use answer each of the questions below as b	pest you can. If more space is needed, please attach additional pages.
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DUESTION irections: Pleadigibility for he • Are you If yes, why • Do you I positions for classifieYes	se answer each of the questions below as boire: currently employed?YesNo. do you wish to leave your current position have any condition (physical, mental, or other which you have applied, with or without do positions at District OR-1). _No. If yes, describe:	herwise) which prevents you from performing the essential functions of any of that accommodation? (Note: regular, dependable attendance is an essential function



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Describe	your future plans and goals in employment and your plans for remaining at our school if hired:
PERSONA)	L DISCLOSURE:
application WIL	CH item. If there is no response to any item, or if the required attachments do not accompany your application, your L BE REMOVED FROM CONSIDERATION. Information provided in this disclosure will not automatically bar you from will be considered in view of all relevant circumstances.
1.	Have you ever received a ticket, been charged with an offense, been arrested or been convicted for a criminal offense 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 each situation (use an attachment if needed):
	ve you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? ———————————————————————————————————
	you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the te(s) and reason(s) for the resignation or termination.
Note:	School policy requires that a criminal history record information check be completed prior to employment.
VERIFICATIO	NC CONTRACTOR OF THE CONTRACTO
may be relied information if made by me of should I become be used to co	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 on 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 and to 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 Signatur	re of Applicant Date