

# Application for Classified Personnel Freeman Public Schools

An Equal Opportunity/Affirmative Action Employer

415 8<sup>th</sup> Street  
PO Box 259  
Adams NE 68301  
Phone: 402-988-2525  
Fax: 402-988-3475

*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 Freeman Public Schools employee? Date of separation \_\_\_\_\_  
 Date available to work with Freeman Public Schools \_\_\_\_\_

## 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 Freeman Public Schools.)  Yes  No.

If yes, describe: \_\_\_\_\_

**2. Interest in Freeman Public Schools:**

●Have you previously filed a written application for employment with Freeman Public Schools?  Yes  No.

If yes, give date(s) and position for which you applied: \_\_\_\_\_

●Why do you want to be employed at Freeman Public Schools? \_\_\_\_\_

●What experiences have you had with Freeman Public Schools? \_\_\_\_\_

**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, 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 the each situation (use an attachment if needed):  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment?  
Yes \_\_\_ No \_\_\_
  
6. If you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the date(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.

### 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: \_\_\_\_\_, 20\_\_

**It is the policy of Freeman 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 Freeman Public Schools are asked to make their request to the Superintendent.**



**APPLICANT DISCLOSURE AND AUTHORIZATION FORM**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE PRINT LEGIBLY**

*This information will be used for background screening purposes only and will not be used for any other purpose*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

All Previous Addresses in the Last Seven (7) Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_