

**CERTIFIED EMPLOYEE APPLICATION  
MAXWELL PUBLIC SCHOOLS**

415 E HWY 30, P.O. 188  
Maxwell, NE 69151  
308-582-4585  
Fax 308-582-4584

A. POSITION DESIRED: \_\_\_\_\_

**B. PERSONAL DATA**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_

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

Address: Present \_\_\_\_\_  
  Street    Telephone

\_\_\_\_\_

  City    State    Zip Code

Permanent: \_\_\_\_\_

  Street    Telephone

\_\_\_\_\_

  City    State    Zip Code

E-mail Address: \_\_\_\_\_

<p>Are any of your relatives employed by the District?      YES      NO</p> <p>If yes, their name: _____      Relationship to you: _____</p>
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**C. PROFESSIONAL RECORD**

<p>Have you ever been discharged or forced to resign from any position?      YES      NO</p> <p>If yes, please provide the following information:</p> <p>Employer's name: _____</p> <p>Position Title: _____</p> <p>Employment Dates: _____</p> <p>Reason for Discharge: _____</p>
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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

If yes, please explain the circumstances on a separate sheet.

*Applicants with criminal records will still be considered for employment. However, applicants who fail to disclose their criminal record will not be considered or may be terminated from employment if hired.*

Have you ever been or are you currently the subject of a complaint to or investigation by the Nebraska Professional Practices Commission?

YES NO

If yes, please explain the circumstances on a separate sheet of paper.

Have you ever had any professional license, degree, or privilege revoked or suspended? YES NO

If yes, please explain the circumstances on a separate sheet of paper.

Have you reviewed the job description for this position? YES NO

If no, please secure a copy of the job description in order to answer the next question.

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?

YES NO

#### **D. TEACHING CERTIFICATE**

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)? \_\_\_\_\_

**E. EDUCATION**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR/MINOR	DEGREE	DATE RECEIVED

**F. EMPLOYMENT HISTORY**

NAME & ADDRESS OF EMPLOYER	DATES	REASON LEFT	TEACHING AREA	EXTRACURRICULAR

**G. REFERENCES**

Please list three people able to provide information concerning your qualifications for the position for which you are applying. Include all previous supervisors.

NAME	VOCATION & TITLE	MAILING ADDRESS	TELEPHONE

I swear that all of the information that I have provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This application form is to be forwarded to the SUPERINTENDENT OF SCHOOLS, Maxwell Public School District, 415 E Hwy 30 P.O. Box 188 Maxwell, NE 69151 If teaching credentials are available, please have a copy forwarded to the superintendent's office.

**EOE**

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, CREED, SEX, OR NATIONAL ORIGIN. DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN IS PROHIBITED. APPLICANTS WHO BELIEVE THEY HAVE BEEN DISCRIMINATED AGAINST MAY NOTIFY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OR OTHER APPROPRIATE AGENCY.

**QUESTIONS:**

1. Are you currently under contract? \_\_\_\_\_ Yes \_\_\_\_\_No

If yes, which school are you under contract with, and why do you wish to leave?

2. Do you have any conditions (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 accommodations? (Note: regular, dependable attendance is an essential function of certified positions at Maxwell Public Schools?

\_\_\_Yes \_\_\_No, if yes please describe

3. Why do you want to be employed with the Maxwell Public Schools?

4. Are you familiar with the School Improvement Process?

5. Briefly describe your computer and general technology skills and experience.

6. Describe your professional strengths and abilities and personal characteristics which apply to this position.



Division of Children and Family Services

State of Nebraska  
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA  
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company –Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) \_\_\_\_\_

\_\_\_\_\_  
Signature (applicant)

\_\_\_\_\_  
Date

Current Address: \_\_\_\_\_  
(Street/City/State/Zip)

\_\_\_\_\_  
Applicant Date of Birth

\_\_\_\_\_  
Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names.  
Please Print.

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

Names and birth dates of your children and children who have lived with you. Please Print.

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

Any Address at which you have resided during the past 20 years. Please Print.

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