

# Application for Certificated Personnel

## Franklin Public Schools

An Equal Opportunity/Affirmative Action Employer

1001 M Street  
Franklin, NE 68939  
Phone: (308) 425-6283  
Fax: (308) 425-6553

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

### II. CERTIFICATION

#### CERTIFICATION--Type of certificate now held

\_\_\_\_ None \_\_\_\_ Valid Nebraska teaching certificate.\* Expiration date \_\_\_\_\_ Type \_\_\_\_\_ Rank \_\_\_\_\_ Level \_\_\_\_\_

Areas of Specialization \_\_\_\_\_

\_\_\_\_ Valid certificate--other state (specify) \_\_\_\_\_

\* **Attach photocopy of current teaching certificate. (Front and back)**

### III. POSITION DESIRED

**If you are endorsed in more than one area, mark first choice 1, second choice 2, etc.:**

Specialist \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary \_\_\_\_\_

**SPECIALIST**--check below the specialist area in which you are certified and seek assignment:

\_\_\_\_ Art Counselor \_\_\_\_ English Language Learners \_\_\_\_ Family Specialist (Social Worker) \_\_\_\_ Media Specialist  
\_\_\_\_ Music \_\_\_\_ Physical Education \_\_\_\_ School Psychologist \_\_\_\_ Speech Pathologist \_\_\_\_ Other \_\_\_\_\_

Special Ed. (check): \_\_\_\_ Behaviorally Disordered \_\_\_\_ Early Childhood Special Education \_\_\_\_ Hearing Impaired

\_\_\_\_ Learning Disabled \_\_\_\_ Mentally Handicapped: Mild \_\_\_\_ Mentally Handicapped: Moderate

\_\_\_\_ Mentally Handicapped: Severe/Profound \_\_\_\_ Orthopedically Impaired \_\_\_\_ Visually Handicapped

Level preferred: Mark first choice 1, second choice 2, etc.

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

**ELEMENTARY TEACHER**--complete the following:

Level preferred: Mark first choice 1, second choice 2, etc.

Kindergarten \_\_\_\_\_ Grade 1-2 \_\_\_\_\_ Grade 3-4 \_\_\_\_\_ Grade 5-6 \_\_\_\_\_

Check any of the following in which you have additional training or expertise for an elementary setting: \_\_\_\_ Art

\_\_\_\_ Computer \_\_\_\_ Early Childhood \_\_\_\_ English Language Learners \_\_\_\_ Gifted \_\_\_\_ Headstart \_\_\_\_ Reading \_\_\_\_ Science

**SECONDARY TEACHER**--complete the following:

Level preferred: Mark first choice 1, second choice 2.

Middle School (6-8) \_\_\_\_\_ High School (9-12) \_\_\_\_\_

List in order of preference the subjects you are certified to teach:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Activities:** Check any of the following which you would be willing to sponsor, direct, coach or manage.

Check B for boys and/or G for girls.

\_\_\_\_ Basketball ☐ B ☐ G \_\_\_\_ Cross Country ☐ B ☐ G \_\_\_\_ Football \_\_\_\_ Golf ☐ B ☐ G \_\_\_\_ Track ☐ B ☐ G \_\_\_\_ Volleyball  
\_\_\_\_ Drama \_\_\_\_ Instrumental Music \_\_\_\_ Newspaper \_\_\_\_ Speech \_\_\_\_ Instrumental Music \_\_\_\_ Vocal Music \_\_\_\_ Yearbook  
\_\_\_\_ Other \_\_\_\_\_

Describe Your Experiences/Success/Qualifications for marked activities:

#### IV. PROFESSIONAL TRAINING & EXPERIENCE

##### A. SECONDARY SCHOOL(S) ATTENDED

Name of School	Grades Attended	Special Honors or Recognition

##### B. STUDENT TEACHING

<table><tr><th>From</th><th>To</th></tr><tr><td></td><td></td></tr></table>	From	To				School	Location City/State/State	Grade & Subject
From	To							
Cooperating Teacher:								

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From	To							
Cooperating Teacher:								

##### C. COLLEGE or UNIVERSITIES ATTENDED

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

##### D. EDUCATIONAL WORK EXPERIENCE—Include at least the last five employers

Years Taught	No. of Mos.	Position (also state if full or part-time)	Grades and Subject Taught & Extracurricular Duties	Name and Mailing Address of School	Reason for Leaving

## V. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught in the past 15 years. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals who have been associated with your student teaching. Indicate with an (\*) any reference which is included in your credentials.

Name	Position	Contact Info: Telephone & Complete Mailing Address

Please state where your current references may be secured (College or University Placement Office or Agency)

**NOTE:** Please have references sent. Be certain that they are up to date. It is important to include evaluations from principals, superintendents, or supervisors under whom you have taught or worked.

## VI. 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 now under contract? \_\_\_Yes \_\_\_No.

If yes, with which school are you under contract & why do you wish to leave your current position? \_\_\_\_\_

●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 certificated positions at Franklin Public Schools.)

\_\_\_Yes \_\_\_No. If yes, describe: \_\_\_\_\_

### 2. Interest in Franklin Public Schools:

●Have you previously filed a written application for employment with Franklin Public Schools? \_\_\_Yes \_\_\_No. If yes, give date: \_\_\_\_\_

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

●What experiences have you had with Franklin Public Schools or the community of Franklin? \_\_\_\_\_

### 3. Prior History:

●Have you ever had failed or refused to fulfill a contract of employment with any school district? \_\_\_Yes \_\_\_No. If yes, describe: \_\_\_\_\_

●Have you ever had a diploma, credential, or certificate denied or revoked? \_\_\_Yes \_\_\_No.

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

### 4. Educational & Multi-cultural Background:

●Are you familiar with the School Improvement Process? \_\_\_Yes \_\_\_No.

If yes, describe your familiarity/experience with that process \_\_\_\_\_

●Are you familiar with Computer Assisted Instruction? \_\_\_Yes \_\_\_No.

If yes, describe your experiences with such instruction \_\_\_\_\_

Have you had experiences with instruction in (check as applicable): Foreign Language: \_\_\_ Special Education \_\_\_ Gifted Students \_\_\_ Music \_\_\_ Art \_\_\_ P.E. \_\_\_ Penmanship \_\_\_ Reasoning Skills \_\_\_

●How would you address different racial/ethnic, gender or culturally based attitudes of students and infuse a multicultural perspective into your classroom/subject area? \_\_\_\_\_

### 5. Personal and Professional Self-Evaluation:

●Describe an effective teacher: \_\_\_\_\_

●Describe your professional 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 education & your plans for remaining at our school if hired: \_\_\_\_\_



## VII. 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 (e.g., Nebraska Department of Education) 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.

\_\_\_\_\_  
Legal Signature of Applicant

Date: \_\_\_\_\_, 20\_\_

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