Application for Classified Personnel Friend Public Schools

An Equal Opportunity/Affirmative Action Employer

501 Main Street Friend, NE 68359 Phone: (402- 947-2781 Fax: (402) 947-2026

Please type or print your responses in ink.

Name				I.	PEI	RSONA	L & C	ONT	TACT I	NFORMA	ATION
	First			Mid	dle			ast			(Maiden)
Present A	Address _							7.	Telep	hone ()
Permane	ent Address	S	Street		City	Stat	te	Zip	Telepl	ione ()
	om present addre		Street		City	Stat	te	Zip			
Social S	ecurity Nu	mber	· /	/		E-1	mail ad	ldress	S		
Yes _	No. Are	you a	a former F	Friend	Public Sc	hools en	nploye	e? Da	ate of se	paration _	
For what	t nosition(s) are	vou annivi	ing? It		II. n one are			N DESI		choice 2, etc.:
roi wha	t position(s	, arc	you appiyi	ing. II	inore than	n one are	ca, mai	KIIIS	t choice	i, second	choice 2, etc
						III.	E	DUC		N	
A.	SECOND	ARY	SCHOOL	L(S) A7	ITENDED) <u>and</u> GF	ED:	Yes	s N	lo	
Name of	School			Grad	des Attend	ed Spe	ecial Ho	nors	or Reco	gnition	
B.	COLLEG	E or l	UNIVERS	ITIES	ATTEND	ED and	OTHE	R PO	ST-SEC	ONDARY	EDUCATIONAL PROGRAMS
Name of (City, Sta	Institution ate)		Major	Hrs	Minor	Hrs	Yea Gra	ar aduat		Degree	GPA (4.0 scale) & Special Honors or Recognition
						1					
					all_employe	ers for the	e last 15	years		g with your	r current or most recent employer.
	of prior en					ing may	be cons				
Start End Position Date Date (also state if fu			Duties			Name, Mailing Address and Telephone of Employer			Reason for Leaving		

	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving
			V.	SKILLS	
				s) for which you have applied	. Identify other credentials, licenses,
profession	nal affiliati	ons, etc. relevant to t	he Position(s)		
f requir	ad for the	Position do vou has	e a valid driver's license?	Yes No	
ii requir	eu ioi tiie	1 osition, do you nav	e a vand driver s neemse:	165110	
				EFERENCES	
List name Name		esses of persons who Relationship (e.g. sup		ions concerning your fitness for fitness for from the complete for the com	
vaine		riend)	Contact in	mo: Telephone & Complete	Walning Address
		,			
	l l				
T.C.	• 1 4 1	., ,,		AN PREFERENCE	
			eterans Preference pleas	se indicate Yes No	o, and submit the appropriate
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•Have you ever	er had failed or refused to fulfill a contract of employment with any employer?YesNo. If yes, describe: thad a certificate or license for work purposes denied or revoked?YesNo. cribe:
4. Self-Evalu •Describe you	nation: r employment strengths and abilities and personal characteristics which will apply to your position:
•Describe you	r weakness/areas in which you feel you need to improve:
•Describe you	r future plans and goals in employment & your plans for remaining at our school if hired:
	IX. PERSONAL DISCLOSURE
application WII	EACH item. If there is no response to any item, or if the required attachments do not accompany your application, your LL BE REMOVED FROM CONSIDERATION. Information provided in this disclosure will not automatically bar you from t will be considered in view of all relevant circumstances.
1.	Have you ever received a ticket, been charged with, or been convicted of, 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 p	olicy requires that a criminal history record information check be completed prior to employment. X. VERIFICATION
may be relied information if made by me should I become be used to co	I 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 onduct 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. Date:, 20

Legal Signature of Applicant

It is the policy of Friend 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, or on the basis of genetic information, in its educational programs, admission policies, employment policies or other administered programs. This position is subject to a veterans preference. Persons requiring accommodations to apply and/or be considered for positions with Friend Public Schools are asked to make their request to the Superintendent.

FOR CDL REQUIRED POSITIONS ONLY

APPLICANT'S CONSENT TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS Required by Federal Law

I,	s I must give the School I ding my refusals to be teste nt drug and/or alcohol test access to the same informateriod of time. I have also be	d) from all of the companies furing the past two (2) years. ation concerning any non-DC been advised and understand the	otain the results of all for which I worked as I also understand that OT driver drug and/or that my signing of this
Below I have listed all of the companies for position drug and/or alcohol test during the pacompanies, and I hereby consent to those commy drug and alcohol tests, including:	ast two (2) years. I hereby	consent to the School District	obtaining from those
 (i) all DOT and non-DOT alcohol test results (ii) all verified positive DOT and non-DOT dr (iii) all instances in which I refused to submit t (iv) any other violations of DOT agency drug a (v) documentation of successful completion o a violation of a DOT drug and alcohol test I specifically authorize the companies to fully form. 	rug test results during the p to a DOT-required drug and and alcohol testing regulati of DOT return-to-duty requi ting regulations during the	ast two (2) years; d/or alcohol test during the par ons during the past two (2) yearements (including follow-up past two (2) years.	ears; and tests) in the event of
The following is a list of all of the companies f position drug and/or alcohol test, during the pa		ver, or for which I took a pre-	employment driver
Company name	Ι	Oates worked for/took pre-en	mployment test
A	APPLICANT CERTIFICA	ATION	
I have carefully read and fully understand this release of my test results, I consent and agree to the confidentiality of my drug and alcohol any officer, employee or agent of the Compar and all claims or causes of actions which midentified on this release form. I signing below, I certify that all of the information identified all of the companies for which I hat test, as a driver during the past two years. I uprovide true and complete information will a event that I am hired, subject me to immediat past drug and/or alcohol violation, any condit any employment will be automatically ended.	s Consent to release my parto waive any physician-pattest results. I further releasing whose disclosure of the may result from the furnished with the termination of the termination. Further, I under the termination of the termination of the major that the sum of the termination of the termination.	ast drug and alcohol test resultent privilege that may otherwise the Company and its medical results is in accordance with sure of such test results to the don't his form is true and companion is material to my hiring a for a position with the Schoderstand that in the event of a	rise exist with respect ral review officer, and this release from any the person or persons raplete, and that I have at drug and/or alcohol and that my failure to ool District or, in the preceipt of a report of
Signature of Applicant	Print Name		e

FOR CDL REQUIRED POSITIONS ONLY

APPLICANT'S CERTIFICATION OF PAST DRUG AND ALCOHOL TEST RESULTS

Required by Federal Law

During the past two	o years bef	ore this application	on, I:				
pre-emplo	— yment dru	ot <i>(check applic</i> ag or alcohol test sportation work c	t administered	by an employe	er to which I ap	plied for, but di	•
If I did test positiv	ve or refus	e to submit, the	n I further ce	rtify that I:			
drug and	alcohol test	_ N/A (check app ting rules. I agree tion of such proce	that it is my r	esponsibility to	provide the Sch	nool District with	h documents
		A	APPLICANT	CERTIFICAT	TION		
understan informatio	d that this	ertify that all of the information is making the time period the event that I a	nterial to my hod in question	iring and that m	ny failure to prov Illy disqualify m	vide true and co	mplete
 Signature	of Applica	unt		Print Name			Date