

Application for Certificated 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.

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 Friend Public Schools employee? Date of separation _____
Date available to work with Friend 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:								
<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:								

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. VETERAN PREFERENCE

If you wish to be considered for a Veterans Preference please indicate ___ Yes ___ No, and submit the appropriate documentation with your application. Note: This section is optional; you need to request a Veterans Preference even if you are eligible, and if you do not request the preference, you need not submit information about your veteran status.

1. **Applicant Veteran?** ___ Yes ___ No. If yes, submit DD Form 214.
2. **Disabled Veteran?** ___ Yes ___ No. If yes, submit DD Form 214 and Veteran's disability verification.
3. **Spouse of 100% Disabled Veteran?** ___ Yes ___ No. If yes, submit DD Form 214, veteran's disability verification and proof of marriage.
4. **Spouse of Veteran on active duty at this time or within 180 days of the spouse's discharge or separation of service.** ___ Yes ___ No.

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 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 Friend Public Schools.)

___Yes ___No. If yes, describe: _____

2. Interest in Friend Public Schools:

- Have you previously filed a written application for employment with Friend Public Schools? ___Yes ___No. If yes, give date: _____

- Why do you want to be employed at Friend Public Schools? _____

- What experiences have you had with Friend Public Schools or the community of Friend? _____

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: _____

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, 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 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):

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.

Legal Signature of Applicant

Date: _____, 20____

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.