Crawford Public Schools
908 5th Street, Crawford Nebraska 69339
Phone (308) 665---1537 / Fax (308) 665---1909
Email application to: teresa.mcginnis@cpsrams.org



Application for Certified Position

Personal Information

Last Name, First Name, MI

Street Address / P.O. Box City, State Zip

Phone Email Address

Areas of Interest / Application for Listed Positions

Identify the position(s) for which you are applying.

Professional Preparation

Name(s) of College/University and Location	Date Completed	Degree or Diploma	Major / Minor

Work Experience

Name of School and Location or Business	Phone Number	Inclusive Dates	Specify Grade and/or Subject Area, Special Assignments or Job Title

List Job Related Professional Societies, Licenses, Honors, and Awards

Reason for Leaving Last Position and for Applying for this Position

Please complete if you have taught for five years or less

Student Teaching Name Of School and Location	Phone Number	Dates	Grade Subject / Supervisor

Other Relevant Experiences

List special strengths, talents, and/or unique qualities you possess which you believe might be useful in your employment.

Date Available for Employment

Are You Legally Authorized to Work in The United States of America?

YES ☐ **NO** ☐

Professional References

Include a minimum of three individuals who have current knowledge of your professional experience(s) and associated skills.

Name	Position	Address	Phone Number

☐ ☑

Describe effective teaching techniques, which result in significant learning.

What are the qualities of an excellent classroom teacher?

What separates you from the other individuals applying for this position?

What type of Nebraska Teaching Certificate do you hold or will be able to obtain?

	Administrative & Supervisory
	Teaching
	Special Services
	Counseling

Please identify the level of Nebraska Certificate you possess or will be eligible for.

☐ ***Professional***	☐ ***Standard***	☐ ***Substitute***
☐ ***Initial***	☐ ***Provisional***	☐ ***Temporary***

Expiration Date: _____

If you hold and out of state certificate, please designate which state(s).

If you hold a conditional permit, please explain.

If you do not yet hold a Nebraska teaching certificate, please state the status of your application process.

Have you ever had a teaching credential, license or other document authorizing school service or teaching suspended, revoked, voided, denied, rejected, or voluntarily surrendered

YES☐ NO☐

If yes please provide a brief explanation.

NOTE TO APPLICANT: Responding "yes" to the previous question is not an automatic bar to employment. The date of the offense and other the other relationship between the offense and the position for which you are applying will be considered.

Background Review Pursuant to Neb. Rev. Stat. § 79-880 – Applicant Form

Applicant Name	
Application Date	

I. Employment Information

A. Complete the following information for schools you have been employed by within the last seven (7) years. Start with the most recent school. Include additional pages if necessary.

School / Employer Entry 1	
School Name	
School Address	
School Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

School / Employer Entry 2	
School Name	
School Address	
School Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

I. Employment Information – Schools (continued)

School / Employer Entry 3	
School Name	
School Address	
School Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

School / Employer Entry 4	
School Name	
School Address	
School Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

I. Employment Information – Other Employers

B. Complete the following information for your current employer and all former employers for positions held within the last seven (7) years that have involved direct contact with children. You do not need to include the schools you listed in Section A above. Start with the most recent employer. Include additional pages if necessary.

Employer Entry 1	
Employer Name	
Employer Address	
Employer Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

Employer Entry 2	
Employer Name	
Employer Address	
Employer Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

I. Employment Information – Other Employers (continued)

Employer Entry 3	
Employer Name	
Employer Address	
Employer Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

Employer Entry 4	
Employer Name	
Employer Address	
Employer Phone Number	
Person to Contact	
Position Held	
Dates of Employment	
Reason for Separation	

II. Attestation of Past Behavior

1. Have you ever been the subject of a report of child abuse where the results of the investigation found the allegations to be true or found the allegations to be substantiated?

☐ Yes ☐ No

2. Have you ever been disciplined, discharged, nonrenewed, asked to resign from employment, resigned from employment, or been separated from employment while allegations for child abuse, neglect, or sexual misconduct were pending or under investigation?

☐ Yes ☐ No

3. Have you ever been disciplined, discharged, nonrenewed, asked to resign from employment, resigned from employment, or been separated from employment due to an adjudication or finding of child abuse, neglect, or sexual misconduct?

☐ Yes ☐ No

4. Have you ever had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse, neglect, or sexual misconduct were pending or under investigation?

☐ Yes ☐ No

5. Have you ever had a license, professional license, or certificate suspended, surrendered, or revoked due to an adjudication or finding of child abuse, neglect, or sexual misconduct?

☐ Yes ☐ No

If you answered "Yes" to any of the above, please provide an explanation.

III. Required Notifications

Applicant is hereby notified of the following:

- Willfully providing false information or willfully failing to disclose information required in Sections I. and II. above shall subject the Applicant to disciplinary action up to, and including, (i) termination or denial of employment, (ii) reporting to the state agency or other entity with authority to revoke any relevant certificate or license, or (iii) being subject to a civil penalty of not more than $500.
- If information regarding the Applicant's history of child abuse or sexual misconduct is subsequently discovered or obtained by the employer that the employer determines disqualifies the Applicant from employment with the school, the employer shall have the right to immediately terminate the Applicant's employment or rescind any offer of employment. The termination shall not be subject to any grievance procedures, appeal procedures, or tenure proceedings pursuant to any collective bargaining agreement or negotiated agreement.

IV. Acknowledgement and Authorization to Release Information

Pursuant to Neb. Rev. Stat. § 79-880(2)(a)(ii)

Applicant authorizes the release and disclosure of all records related to inquiries and requests for information made by the prospective employer to verify the above information. The applicant further releases any former employer from liability that may arise from the release or disclosure of such information.

Applicant attests that all of the information provided on this form is true and correct. Applicant acknowledges that disclosing this information is required pursuant to Neb. Rev. Stat. § 79-880, and that the penalties outlined in Section III above apply.

Applicant Signature

Date

Applicant Printed Name