

Crawford Public Schools,
908 5th St. Crawford, NE 69339

Application for Employment

In order for your application to be considered, the following MUST be complete:

- Submit a letter of application with current resume.
- Complete the Crawford Public Schools Application for Employment.
- Include two (2) letters of reference.

Applicant Information

Full Name: _____ Date: _____
Last First M.I

Address: _____
Street Address Apt/Unit #

_____
City State Zip Code

Phone: _____ Email: _____

Social Security Number: _____ Position applied for _____

Are you a citizen of the United States? ☐Yes ☐No If no, are you authorized to work in the U.S? ☐ Yes ☐No

Do you hold a valid Nebraska Driver's License? ☐Yes ☐No If yes, #_____Class Endorsements_____

Have you ever been convicted of a felony? ☐Yes ☐No If yes, please explain: _____

_____

Are you available to work: ☐Full Time or ☐Part Time

Are you employed now? ☐Yes ☐No

May we contact your current employer? ☐Yes ☐No

Are you related to any employee of the district or to any member of the school board? ☐Yes ☐No

If yes please explain:_____

Have you filed an application here before? ☐Yes ☐No If yes, give date: _____

Have you ever worked at this District before? ☐Yes ☐No

Education

High School: _____ Address: _____

College: _____ Address: _____

Highest level/grade competed? _____

If college/university, describe course of study: _____

_____

_____

Describe specialized training, apprenticeship, skill: _____

_____

_____

Personal References

Please list three (3) references.

Name: _____ Relationship: _____

Company: _____ Address: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Address: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Address: _____ Phone: _____

- *Preliminary screening of applicants will be based on the ability to meet job description requirements as evidenced by the complete application. Supportive job-related information not on this form may be submitted by the applicant. (Application materials received at the district office after the application deadline will not be accepted.)*
- ***It is the candidate's responsibility to check on employment application status.***

Employment History

Please list most recent employer first.

Employer: _____ Phone: _____

Address: _____Supervisor: _____

Job Title: _____Salary:_____

Duties & Responsibilities: _____

_____

_____

_____

Employed from: _____/_____ to _____/_____ Reason for leaving: _____

_____

_____

_____

Employer: _____ Phone: _____

Address: _____Supervisor: _____

Job Title: _____Salary:_____

Duties & Responsibilities: _____

_____

_____

_____

Employed from: _____/_____ to _____/_____ Reason for leaving: _____

_____

_____

_____

Employer: _____ Phone: _____

Address: _____Supervisor: _____

Job Title: _____Salary:_____

Duties & Responsibilities: _____

_____

_____

_____

Employed from: _____/_____ to _____/_____ Reason for leaving: _____

_____

Disclaimer and Signature

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.
I authorize you to obtain a reference report from my current and former employers, and others who are acquainted with my abilities, and I hold them harmless from liability with the regard to the information they provide in such written/verbal reports. These reports, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within ninety (90) days of my application to receive additional detailed information about the nature and scope of any such investigation.
Additionally, I give my permission for administration, board members, and members of the selection team to examine any and all information, if required by the district.
This application for employment may be extended for a period of twelve (12) months after which it shall be deleted from school files. The application may be extended for a period of one year upon written request. After that, a new application must be submitted.
I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

Signature:

_____Date:_____

(insert electronic signature or print and sign)

Please email your application form and materials to superintendent, teresa.mcginnis@cpsrams.org or mail them to:

Teresa McGinnis-District Bookkeeper
Crawford Public Schools
908 5th St.
Crawford, NE 69339

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