

Application for Classified Personnel



An Equal Opportunity/Affirmative Action Employer

2657 44th Avenue
 Columbus, NE 68601
 Main Phone: 402-564-5753
 SPED Phone: 402-564-0815
 Fax: 402-563-1121

For Office Use Only
 Interview Date: _____

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

E-mail address _____ Position Applied For: _____

Date available to work for ESU 7 _____

II. POSITION DESIRED

For what position(s) are you applying? If more than one area, mark first choice 1, second choice 2, etc.:

III. EDUCATION

A. SECONDARY SCHOOL(S) ATTENDED and GED: ___ Yes ___ No

Name of School	Grades Attended	Special Honors or Recognition

B. COLLEGE or UNIVERSITIES ATTENDED and OTHER POST-SECONDARY EDUCATIONAL PROGRAMS

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

IV. WORK EXPERIENCE

Include all of your last five employers, and all employers for the last 15 years, starting with your current or most recent employer. Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Salary	Reason for Leaving

V. SKILLS

List technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied. Identify other credentials, licenses, professional affiliations, etc. relevant to the Position(s)

If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No

VI. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship (e.g. supervisor, friend)	Contact Info: Telephone & Complete Mailing Address

VII. QUESTIONS

Directions: Please answer each of the questions below as best you can. If more space is needed please attach additional pages.

1. Eligibility for hire:

- Are you currently employed? ___ Yes ___ No.

If yes, give name of employer and why do you wish to leave your current position? _____

- Are you eligible to work in the United States? ___ Yes ___ No

- 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 positions at ESU 7.) ___ Yes ___ No.

If yes, describe: _____

2. Interest in ESU 7:

- Have you previously filed a written application for employment with ESU 7? ___ Yes ___ No.

If yes, give date(s) and position for which you applied: _____

- Why do you want to be employed at ESU 7? _____

- What experiences have you had with ESU 7 or the community of ESU 7 _____

3. Prior History:

- Have you ever had failed or refused to fulfill a contract of employment with any employer? ___ Yes ___ No.

If yes, describe: _____

4. Self-Evaluation:

- Describe your employment 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 employment and your plans for remaining at our school if hired: _____

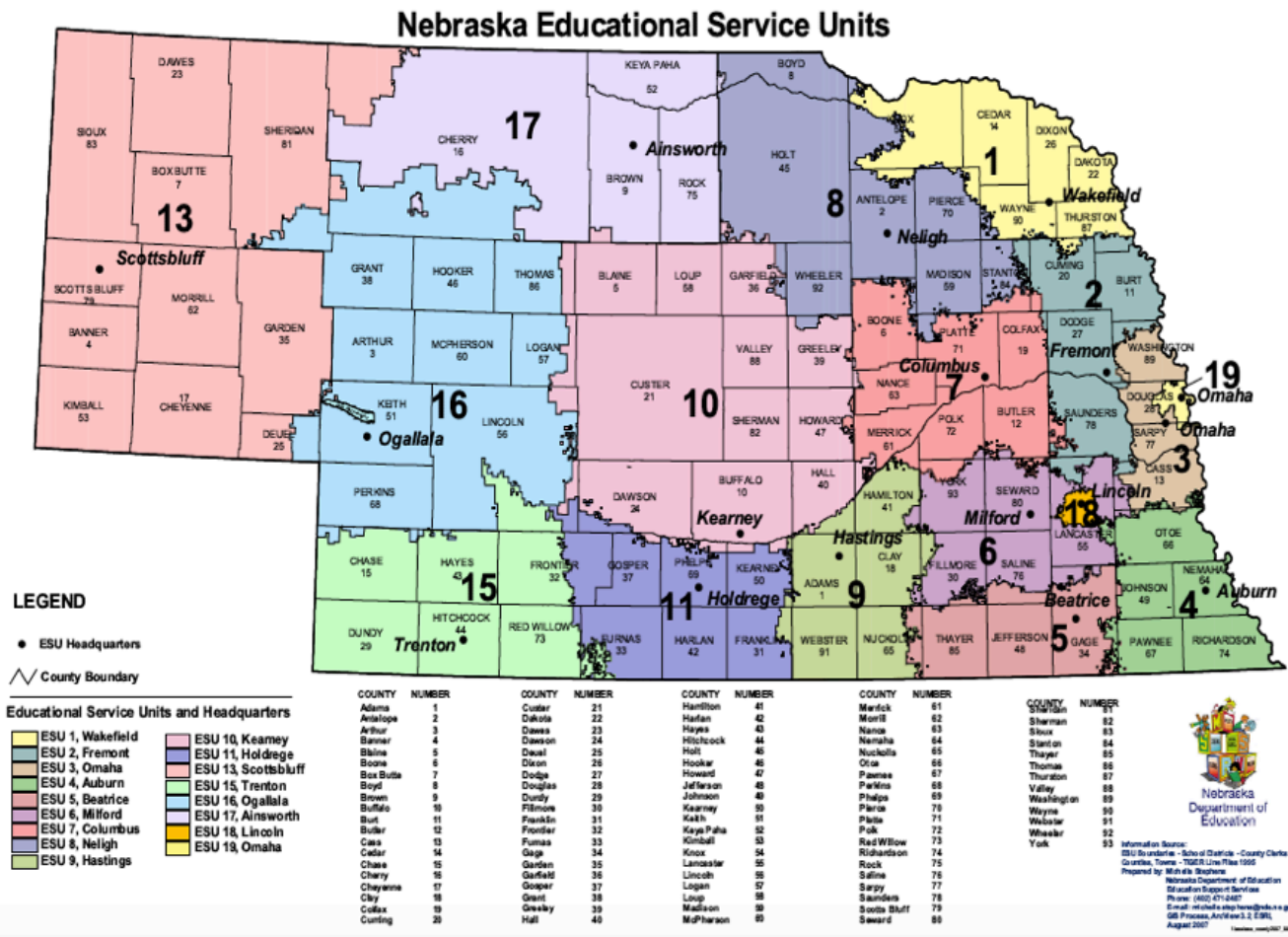
VIII. VERIFICATION

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. I further understand that employment in a classified position would be on an at will basis, terminable at will.

Date: _____, 20__

Legal Signature of Applicant

It is the policy of Educational Service Unit 7 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 Educational Service Unit 7 are asked to make their request to the Administrator or Sped Director.





Personal Disclosure Form

Educational Service Unit 7 is committed to the safety of students. Virtually all persons employed by us will have contact with, or access to, children. Therefore, our staff must be of the highest integrity and trustworthiness.

Applicants who fail to fully disclose information may not be considered for employment, and are subject to termination if discovered after becoming employed.

A. Criminal Convictions*

Have you ever been convicted of any felony, misdemeanor or infraction, other than a minor traffic violation? (This includes convictions at any time – including those more than seven years old). Yes No

If “Yes” list all convictions (Include any additional information you would like us to consider).

<u>Convicted of:</u> <u>Information/Explanation</u>	<u>City / State</u>	<u>Year</u>	<u>Additional</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

(Use separate sheet of paper if more than four convictions or if more space needed to explain)

Convictions do not necessarily bar you from employment, but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The ESU is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.

B. Pending Criminal Charges/Pending Investigations*

Is any criminal charge or investigation currently pending against you? Yes No

If “Yes”:

<u>Description of Charge / Investigation</u>	<u>City / State</u>
1.	_____
2.	_____

(Use separate sheet of paper if more than two pending charges or if more space needed to explain)

C. Settlement of Claims of Misconduct

Have you (or any employer of yours) ever been involved in a settlement or agreement of any kind that involved allegations of *any* type of misconduct by you (including, but not limited to, sexual or criminal misconduct, or actions involving children)? Yes No

If "Yes", explain:

D. Investigations of Misconduct

Has any current or previous employer, or any professional practices commission, conducted any type of investigation involving any type of misconduct by you (including, but not limited to, sexual or criminal misconduct, or actions involving children)? Yes No

If "Yes", explain:

E. CHARGES Involving Certain Offenses* Have you ever been charged with any offense that involved: *(Use separate sheet of paper if more space needed to explain)*

<u>Charge</u>	<u>Year</u>	<u>Explanation</u>
A sex related offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
A weapon of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Violence/threat of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Endangerment of or injury to (or Attempted injury to) any person? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Child pornography? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Indecent Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Any offense in which a child was a victim or witness? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Theft/burglary/dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

F. Protection/Restraining Orders

Has any protection or restraining order ever been entered against you? Yes No
If "Yes":

<u>City/State</u>	<u>Year</u>	<u>Description of Reason Issued</u>
_____	_____	_____

G. Action on Licenses, Certificates, Etc.

Have you ever had any license or certificate terminated, revoked, suspended, or received any private or public reprimand? Yes No

If "Yes":

<u>Type of License, Certificate</u>	<u>City/State</u>	<u>Year</u>	<u>Action Taken</u>
_____	_____	_____	_____

H. Abuse/Neglect Investigations

Have you ever been investigated for child abuse or neglect, or abuse/neglect of any person?

____ Yes ____ No If "Yes":

City/State

Year

Results of Investigation

I. Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the ESU, I understand that the ESU will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the ESU, or any other company authorized by the ESU, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the ESU, or any other company authorized by the ESU, against any liability, which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Social Security Number: _____

Date of Birth: _____

Driver's License Number and State Issued: _____

Your Initials

- *I verify that all information I have given is true and is complete.* _____
- *I understand that if I have omitted, misrepresented or failed to provide complete information on **any** question my application for employment may be rejected, or if discovered after I become employed, may result in termination of my employment.* _____

Signature of Applicant

Date



**CONSENT TO PROVIDE EMPLOYMENT HISTORY
TO PROSPECTIVE EMPLOYERS**

I, _____ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

- 1. Date and duration of employment;**
- 2. Pay rate and wage history on the date of receipt of this consent;**
- 3. Job description and duties;**
- 4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;**
- 5. Attendance information;**
- 6. Results of drug or alcohol tests administered within one year prior to the request for information;**
- 7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;**
- 8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and**
- 9. Whether I am eligible for rehire.**

The consent is valid for six months from the date of my signature below.

Printed Name

Signature

Date