

# Application for Certificated & Professional Personnel



An Equal Opportunity/Affirmative Action Employer

2657 44<sup>th</sup> 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. 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)**

**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:

<input type="checkbox"/> Professional Development Coord.	<input type="checkbox"/> English Language Learners	<input type="checkbox"/> Director of Special Education
<input type="checkbox"/> Technology Integration	<input type="checkbox"/> Network Operations	<input type="checkbox"/> Technology Support
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Speech Pathologist	<input type="checkbox"/> Special Ed. Teacher
<input type="checkbox"/> Behavior Disorders	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Deaf Educator
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Mentally Handicapped: Mild	<input type="checkbox"/> Mentally Handicapped: Moderate
<input type="checkbox"/> Mentally Handicapped: Severe/Profound	<input type="checkbox"/> Orthopedically Impaired	
<input type="checkbox"/> Teacher of the Visually Impaired	<input type="checkbox"/> Orientation & Mobility	
<input type="checkbox"/> Other: _____		

**Check any of the following in which you have additional training or expertise for an elementary setting:**

Technology     Early Childhood     English Language Learners     Math     Federal Grants  
 Writing     Reading     Science

### III. PROFESSIONAL TRAINING & EXPERIENCE

**A. SECONDARY SCHOOL (S) ATTENDED**

Name of School	Grades Attended	Special Honors or Recognition

**B. COLLEGE or UNIVERSITIES ATTENDED**

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

**C. EDUCATIONAL WORK EXPERIENCE—Include at least the last five employers. Include student teaching experience here if applicable.**

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	Salary	Reason for Leaving

**D. OTHER**

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the ESU.

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## IV. 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	Relationship

Please state where your current references may be secured (College or University Placement Office or Agency)

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**NOTE:** Please have references sent to the address on the first page. Be certain they are up to date.

## V. 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 ESU/School District are you under contract and 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 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: \_\_\_\_\_

●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 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, revoked or suspended? \_\_\_Yes \_\_\_No.

If yes, describe: \_\_\_\_\_

- Have you ever had a complaint filed against you with a Professional Practices Committee of the Nebraska Department of Education: \_\_\_ Yes \_\_\_ No.

If yes, explain the circumstances and the outcome: \_\_\_\_\_

\_\_\_\_\_

4. **Educational & Multi-cultural Background:**

- Are you familiar with the School Improvement Process? \_\_\_ Yes \_\_\_ No

If yes, describe your familiarity/experience with that process \_\_\_\_\_

\_\_\_\_\_

- Describe how you use Technology. \_\_\_\_\_

\_\_\_\_\_

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 ESU 7 if hired: \_\_\_\_\_

\_\_\_\_\_

- If the job you are applying for requires driving do you have a valid driver's license and access to a vehicle:

\_\_\_\_\_ Yes \_\_\_\_\_ No

- Do you have any relatives who are presently employed by the ESU? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give names and relationship: \_\_\_\_\_

6. **Armed Forces Information**

- Have you served in the United States Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give dates of military service: From \_\_\_\_\_ To \_\_\_\_\_

- Branch of service \_\_\_\_\_

Summarize nature of work performed: \_\_\_\_\_

- Are you claiming veterans' preference? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, a copy of your DD Form 214 must be attached to this application. The ESU shall give a preference to eligible veterans as required by law. If employment is conditioned on passing an examination, Veterans who obtain passing scores on all parts or phases of the examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five

**Note: IT IS THE POLICY OF THE ESU TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE ESU MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE ESU. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment, but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The ESU will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.**

## VIII. VERIFICATION

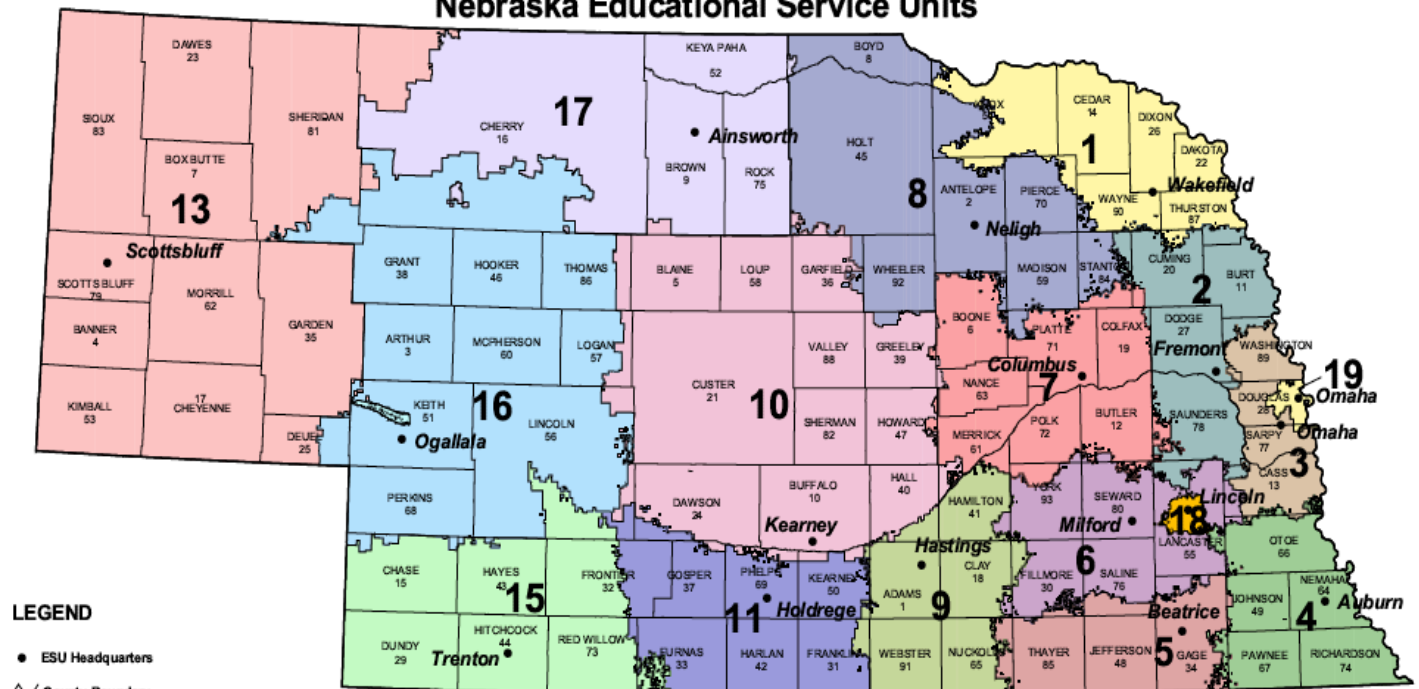
I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand it is my responsibility to immediately provide updated, correct information if any of the information changes at any 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 ESU 7.

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 Special Education Director.

### Nebraska Educational Service Units



#### LEGEND

● ESU Headquarters

— County Boundary

#### Educational Service Units and Headquarters

ESU 1, Wakefield	ESU 10, Kearney
ESU 2, Fremont	ESU 11, Holdrege
ESU 3, Omaha	ESU 13, Scottsbluff
ESU 4, Auburn	ESU 15, Trenton
ESU 5, Beatrice	ESU 16, Ogallala
ESU 6, Milford	ESU 17, Ainsworth
ESU 7, Columbus	ESU 18, Lincoln
ESU 8, Neligh	ESU 19, Omaha
ESU 9, Hastings	

COUNTY	NUMBER	COUNTY	NUMBER	COUNTY	NUMBER	COUNTY	NUMBER
Adams	1	Custer	21	Hamilton	41	Merrick	61
Antelope	2	Dakota	22	Harlan	42	Morrill	62
Arthur	3	Dawes	23	Hayes	43	Strom	63
Banner	4	Dawson	24	Hitchcock	44	Nemaha	64
Blaine	5	DeWitt	25	Holt	45	Nuckolls	65
Boone	6	Dixon	26	Hooker	46	Osage	66
Box Butte	7	Dodge	27	Howard	47	Pawnee	67
Boyd	8	Douglas	28	Jefferson	48	Perkins	68
Brown	9	Dundy	29	Johnson	49	Phelps	69
Butler	10	Fillmore	30	Kearney	50	Polk	70
Burt	11	Gage	31	Keith	51	Rock	71
Butler	12	Garden	32	Kearney	52	Saline	72
Cass	13	Gardner	33	Kimball	53	Seward	73
Chase	14	Gosper	34	Knox	54	Washington	74
Cherry	15	Grant	35	Lancaster	55	Wayne	75
Clay	16	Harlan	36	Lincoln	56	Webster	76
Clay	17	Hamilton	37	Logan	57	York	77
Crawford	18	Harlan	38	Loup	58		
Colfax	19	Holdrege	39	Madison	59		
Cuming	20	Hall	40	McPherson	60		



Information Source:  
ESU Boundaries - School Districts - County Clerks  
Courtesies, Tress - TOGER Line Files 1995  
Prepared by: Michele Stephens  
Nebraska Department of Education  
Educational Support Services  
Phone: (602) 671-5487  
Email: mitch@stephens@doe.ne.gov  
GIS Process, ArcView 3.2, ESRI  
August 2007



**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



**Criminal History Disclosure and  
Acknowledgment and Authorization for Criminal Background Check**

**Criminal History Disclosure**

Are you listed on the Nebraska Sex Offender Registry?  Yes  No

Are you listed on the sex offender registry of any state?  Yes  No

Have you been convicted of a felony or misdemeanor in the last seven years?  Yes  No

(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.)

If yes, please explain: \_\_\_\_\_

**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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_