

CENTRAL CITY PUBLIC SCHOOLS
1711 15TH AVENUE
PO BOX 0057
CENTRAL CITY, NE 68826-0057

Please read the application packet carefully in order to be informed about the employment process in the Central City Public Schools.

APPLICATION FOR GUIDANCE COUNSELOR

Social Security Number _____ - _____ - _____

Date _____

Name

Last

First

Middle

Present Address _____ Telephone _____

_____ Email address _____

Permanent Address _____

NEBRASKA TEACHING CERTIFICATE: Enclose photocopy of current teaching certificate.

Type _____ Rank _____ Level _____ Expiration date _____

Endorsements: 1) _____ 2) _____ 3) _____

TEACHING EXPERIENCE – Include the last six employers: (in reverse chronology)

Years Taught	No. of Mos.	Position (Teacher, Principal, Supervisor)	Name and Mailing Address of School	Grades or Subject	*Full or Part Time	Reason For Leaving
20__ - ____						
20__ - ____						
20__ - ____						
19__ - ____						
19__ - ____						
19__ - ____						

*Use F for full time
 .5 for half time, etc

Total number of years of teaching experience _____

WORK EXPERIENCE:

Please complete the following section if there is a break in your teaching experience or if you do not have teaching experience.

From Mo/Yr	To Mo/Yr	Employer/ Address/Phone No.	Job Title	Supervisor	Reason for Leaving

PROFESSIONAL PREPARATION: List the pre-student teaching experiences and other experiences you have had working with children or young people (Example: NUSTEP, tutoring, teacher aiding, swimming instructor, scouting, church, etc.)

Please check items involving experience and/or exposure in working with minorities.

Check	Type of Experience	Where	Dates

Student Teaching:

From Mo. Yr.	To Mo. Yr.	School	Location	State	Grade and/or Subject

Name of Cooperating Teacher _____

From Mo. Yr.	To Mo. Yr.	School	Location	State	Grade and/or Subject

Name of Cooperating Teacher _____

College Work Resulting in Degree

Name of Institution	Major	Hours	Minor	Hours	Year Graduated	Degree

Undergraduate Grade Point Average _____ (4.0 scale)

Graduate Grade Point Average _____ (4.0 scale)

Special Training Not Included in Degree Work Above

Name of Institution	Years Attended	Subjects	Credit Earned	Time in Years

List involvement in organizations and activities in high school, college and community. Include awards, offices held, etc.

List the training or experience you have had with Instructional Theory Into Practice (ITIPS).

CREDENTIALS AND REFERENCES:

Request your college or university placement office to submit your credentials/transcripts to our office.

REFERENCES:

List below names and addresses of persons who are qualified to answer concerning your qualifications for the position you seek. Include 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 listed which is included in your credentials.

Name	Position	Complete Mailing Address Required (Include Zip Codes)	Phone Number

PERSONAL DATA:

Have you ever been convicted of a felony? Yes_____ No_____

Information provided by you in this part WILL NOT automatically bar you from employment with Central City Public Schools, but will be considered in view of all relevant circumstances.

If yes, please provide details including the type of crime, court indicted in, and date of conviction.

Are you currently legally authorized to work in the United States? Yes_____ No_____

Are you a citizen of the United States? Yes_____ No_____

Gender and race information are used for equal employment opportunity/affirmation action purposes only.

Gender: Male___ Female___

Race/Ethnicity: Black___ Asian or Pacific Islander___ American Indian/Alaska Native_____
Hispanic___ White(Not Hispanic) ___

Are you currently employed? Yes_____ No_____ If yes, _____
Employer's name, address, and zip code

Date available to work with Central City Public Schools:_____

If you have ever been employed by the Central City Public Schools in any capacity, what was the position and when were you employed?

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.

Furthermore, 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, and I understand that any omission, falsification or misrepresentation made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

_____ day _____, 20_____
Legal Signature of Applicant

EOE/AA

The Central City Public Schools does not discriminate on the basis of race, color, national origin, gender, marital status, disability, or age in admission or access to, or treatment of employment, in its programs and activities. The following person has been designated to handle inquires regarding complaints, grievance procedures or the application of these policies of nondiscrimination:

*Central City Superintendent
1711 15th Avenue
Central City, NE 68826*

If parents, employees, and students do not feel that their complaints regarding Title IX, Title VI, and Section 504 have met with resolution at the local level, they can appeal their grievances to the regional Department of Education, Office of Civil Rights at the address listed below:

*Office of Civil Rights
8930 Ward Parkway, Suite 2037
Kansas City, MO 64114
(816)823-1404; TDD 800-437-0833*

ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24148 Omaha, NE 68124
(P) 400.808.3845 • (P) 402.933.9999 • (F) 402.333.3280

APPLICANT RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) LAST NAME: FIRST NAME: MIDDLE INITIAL (REQUIRED)

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S):

HOME ADDRESS: CITY: STATE: ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH (REQUIRED)

DRIVERS LICENSE # STATE OF ISSUE NAME AS IT APPEARS ON LICENSE

OTHER ADDRESSES IF LESS THAN 7 YEARS AT HOME ADDRESS:
(USE BACK OF SHEET FOR ADDITIONAL ADDRESSES)

ADDRESS: CITY: STATE: ZIP CODE:

ADDRESS: CITY: STATE: ZIP CODE:

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE

SIGNATURE OF APPLICANT:

NAME OF APPLICANT (PLEASE PRINT):

DATE:



Division of Children and Family Services
 Request for Child and/or Adult Abuse and
 Neglect Central Register/ry Check(s)



INSTRUCTIONS

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

All designated fields must be completed or the request will be returned and not processed. If this document is not typed, all information must be clearly printed and legible.

AUTHORIZATION

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

- Adult Protective Services Central Registry Child Protective Services Central Register

TYPE OF CHECK

Select only one:

- Agency Requested Check Self Check

Is this a request for an Adoption? Yes No

AGENCY INFORMATION: This section must be completed if this is an agency request.

Agency ID Number	Agency Name
1022	One Source The Background Check Company

APPLICANT INFORMATION

First, Middle, Last Name

Date of Birth	Age	Social Security Number

Current Address

City	State	Zip Code

E-Mail Address (CFS will use this email as the primary method of contact)

Other names previously used such as former married names, maiden name and nick names used during the past 20 years



First, Middle, Last Name

Names and birthdates of your children and children who lived with you

All previous addresses at which you have resided during the past 20 years (minimum City & State):

SIGNATURES & DATES

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. **This authorization is valid for a period of 6 months from the date of signature.** Legal guardian signature is required if the applicant is less than 19 years of age.

Signature of Applicant

Date

Signature of Applicant's Legal Guardian (Note: this signature is necessary only if applicant is less than 19 years of age).

Date

SELF CHECK

Notary is required for Self-Check only.

Seal of Notary

Notary Public

AGENCY CHECK

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

1022
Agency ID Number

Date