



Application for Certificated Personnel Alma Public Schools

An Equal Opportunity/Affirmative Action Employer

P.O. Box 170
Alma, NE 68920
Phone: 308-928-2131
Fax: 308-928-2763

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

Social Security Number _____ E-mail address _____

___ Yes ___ No. Are you a former Alma Public Schools employee? Date of separation _____
Date available to work with Alma Public Schools _____

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 if available. (Front and back)**

III. POSITION DESIRED

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:

___ Art Counselor ___ English Language Learners ___ Family Specialist (Social Worker) ___ Media Specialist
___ Music ___ Physical Education ___ School Psychologist ___ Speech Pathologist ___ Other _____

Special Ed. (check): ___ Behaviorally Disordered ___ Early Childhood Special Education ___ Hearing Impaired

___ Learning Disabled ___ Mentally Handicapped: Mild ___ Mentally Handicapped: Moderate

___ Mentally Handicapped: Severe/Profound ___ Orthopedically Impaired ___ Visually Handicapped

Level preferred: Mark first choice 1, second choice 2, etc.

Elementary _____ Middle School _____ High School _____

ELEMENTARY TEACHER--complete the following:

Level preferred: Mark first choice 1, second choice 2, etc.

Kindergarten _____ Grade 1-2 _____ Grade 3-4 _____ Grade 5-6 _____

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

___ Computer ___ Early Childhood ___ English Language Learners ___ Gifted ___ Headstart ___ Reading ___ Science

SECONDARY TEACHER--complete the following:

Level preferred: Mark first choice 1, second choice 2.

Middle School (6-8) _____ High School (9-12) _____

List in order of preference the subjects you are certified to teach:

1. _____ 2. _____ 3. _____

Activities: Check any of the following that you would be willing to sponsor, direct, coach or manage.

Basketball Cross Country Football Golf Softball Track Volleyball
 Cheerleader Speech Drama Newsletter Instrumental Music Vocal Music Yearbook
 Other _____

Describe Your Experiences/Success/Qualifications for marked activities:

IV. PROFESSIONAL TRAINING & EXPERIENCE

A. SECONDARY SCHOOL(S) ATTENDED

| Name of School | Grades Attended | Special Honors or Recognition |
|----------------|-----------------|-------------------------------|
| | | |
| | | |
| | | |

B. STUDENT TEACHING

| From | To | School | Location City/State/State | Grade & Subject |
|----------------------|----|--------|------------------------------|-----------------|
| Cooperating Teacher: | | | | |
| From | To | School | Location City/State/State | Grade & Subject |
| Cooperating Teacher: | | | | |

C. COLLEGE or UNIVERSITIES ATTENDED

| Name of Institution (City, State) | Major | Hrs | Minor | Hrs | Year Graduated | Degree | GPA (4.0 scale) & Special Honors or Recognition |
|--------------------------------------|-------|-----|-------|-----|----------------|--------|--|
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D. EDUCATIONAL WORK EXPERIENCE—Include at least the last five employers

| 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 | Reason for Leaving |
|--------------|-------------|--|--|------------------------------------|--------------------|
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V. 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 |
|------|----------|--|
| | | |
| | | |
| | | |

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

NOTE: Please have references sent. Be certain that they are up to date. It is important to include evaluations from principals, superintendents, or supervisors under whom you have taught or worked.

VI. 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 school are you under contract & 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 Alma Public Schools.)

___Yes ___No. If yes, describe: _____

2. Interest in Alma Public Schools:

●Have you previously filed a written application for employment with Alma Public Schools? ___Yes ___No. If yes, give date: _____

●Why do you want to be employed at Alma Public Schools? _____

●What experiences have you had with Alma Public Schools or the community of Alma? _____

3. Prior History:

●Have you ever had 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 or revoked? ___Yes ___No.

If yes, describe: _____

4. Educational & Multi-cultural Background:

●Are you familiar with the School Improvement Process? ___Yes ___No.

If yes, describe your familiarity/experience with that process _____

●What experiences do you have with computers/technology in the classroom?

If yes, describe your experiences with such instruction _____

●How would you address different racial/ethnic, gender or culturally based attitudes of students and infuse a multicultural perspective into your classroom/subject area? _____

5. Personal and Professional Self Evaluation:

●Describe an effective teacher: _____

●Describe your professional strengths and abilities and personal characteristics that 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 our school if hired: _____

VII. PERSONAL DISCLOSURE

Respond to EACH item. If there is no response to any item, or if the required attachments do not accompany your application, your application WILL BE REMOVED FROM CONSIDERATION. Information provided in this disclosure will not automatically bar you from employment but will be considered in view of all relevant circumstances.

1. Have you ever received a ticket, been charged with an offense, been arrested or been convicted for a criminal offense relating to sexual or physical abuse? Yes ___ No ___

2. If you answered “Yes” to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the each ticket, charge, or arrest (use an attachment if needed):

3. Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency (e.g., Nebraska Department of Education) or been subject to a judicial restraining or contempt order? Yes ___ No ___

4. If you answered “Yes” to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the each situation(use an attachment if needed):

5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes ___ No ___

6. If you answered “Yes” to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and the reason(s) for the resignation or termination.

Note: School policy requires that a criminal history record information check be completed prior to employment

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.

Legal Signature of Applicant

Date: _____, 20____

It is the policy of Alma Public Schools 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 Alma Public Schools are asked to make their request to the Superintendent.

I understand that as a condition of my employment, that there will be a background check.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize a background check to be completed.

| | | |
|--|-----------|--------------------|
| Signature of Applicant: | | Date: |
| Printed or typed Name of Applicant/Employee: | | Social Security #: |
| Home Address | | Date of Birth: |
| City | State/Zip | |

Please print or type other Names Used in the past twenty (20) years:

| |
|--|
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| |

Please print or type all addresses in the past twenty (20) years:

| Address | City | State | Zip |
|---------|------|-------|-----|
| | | | |
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Please print or type Names of Children that have lived with you:

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|--------------------|-----------------|
| Witness Signature: | Date Witnessed: |
|--------------------|-----------------|

This release becomes void ninety (90) days after signature by Applicant/Employee.