

Please print in ink (preferably black) or use typewriter

Freeman Public Schools
415 8th Street, PO Box 259
Adams, NE 68301
402-988-2525
An Equal Opportunity Employer

Application for Employment

Employees of the Freeman Public Schools and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the school.

1. Position applied for _____
(one per application)
2. Social Security No. _____
3. Full legal name _____
Last First Middle
4. Address _____
City State Zip
5. Home Phone () _____
6. Business Phone () _____
7. E-mail Address _____
8. **EDUCATION**
 - a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____
 - b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
 - c. Check number of years of post high school education 1 2 3 4 5 6 7

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title _____ Duties: _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. Job Title _____ Duties: _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____

Job b. continued

Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. Job Title _____ Duties: _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type _____ License Number _____ Granted by (licensing board) _____

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
 b. Check which job status you would accept: Full-time Part-time (specify) _____

d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No: Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance(if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

12. AVAILABILITY - When will you be available to start work?

13. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Freeman Public Schools. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Freeman Public Schools to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24146 Omaha, NE 68124
(P) 800.606.3645 • (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 perspective 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

State of Nebraska
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company -Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant) _____ Date _____

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth _____ Applicant Social Security Number _____

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to prescreen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7638 (TDD: 1-800-237-2515).

NOTICE

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

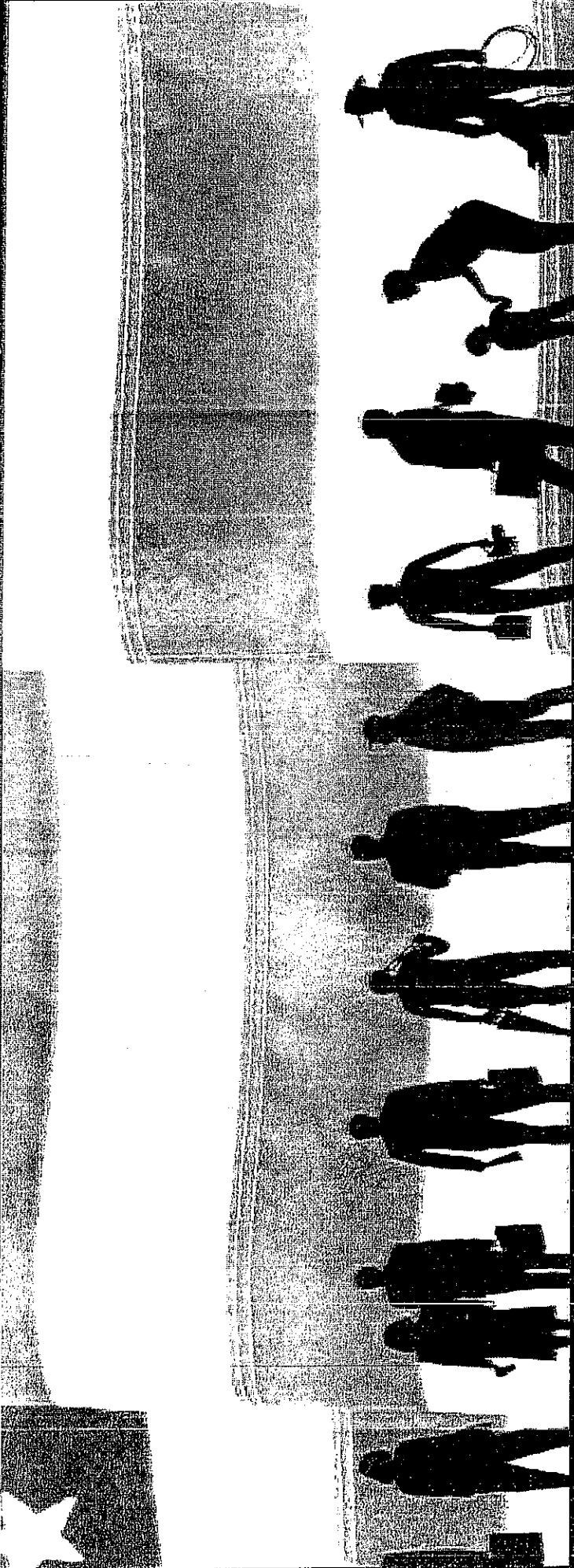
Employment Verification  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that—

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, DC, area, please call 202-616-5594, TDD 202-616-5525

**Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530**

**U.S. Department of Justice
Civil Rights Division**

**Office of Special Counsel for
Immigration-Related Unfair
Employment Practices**

