Wilcox-Hildreth Public Schools
Wilcox, NE 68982
PHONE: 308-478-5265; FAX: 308-478-5260
WEBSITE: whfalcons.org

APPLICATION FOR EMPLOYMENT

Please type or print in ink only

Wilcox-Hildreth Public Schools ("School District") is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance.

Position Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Present Address (Number and Street) _____ City _____ State _____ Zip _____

Telephone Number(s): Home ( ) _____ Cell ( ) _____

Email Address: _____

CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- I am a high school graduate or hold a GED
- For Teaching applicants: I hold or will hold a valid Nebraska Certificate during the time of my employment
- I can understand and follow verbal directions
- I can understand and follow written directions
- I have not been convicted of a crime involving physical or sexual abuse
- I can, after being hired, verify my legal right to work in the United States

If you have checked all the boxes above, please continue to the second page
If any box above is unchecked, please submit the application now.

Have you ever been employed with us before? _____ Yes _____ No

If yes, provide date(s) _____ to _____
and Department _____

Are you under 18 years of age? _____ Yes _____ No

If you are under the age of 18, you may need to supply the School District a work permit or limit your hours to those permitted by law.

May we contact your current employer? _____ Yes _____ No

Have you ever been terminated from employment? _____ Yes _____ No

Have you ever been notified of possible cancelation, termination or non-renewal of employment?
_____ Yes _____ No
If yes, please explain the circumstances:

Have you ever resigned to avoid being notified of possible cancellation, termination or non-renewal of your employment?
_____ Yes _____ No
If yes, please explain the circumstances:

Have you ever had a complaint filed against you with the Professional Practices Committee of the Nebraska Department of Education? _____ Yes _____ No
If yes, please explain the circumstances and the outcome:

Specify days and hours for which you are available: _____

Date available to start work? _____

If the job you are applying for requires a valid driver's license, please complete the information below:

Number _____ State _____ Regular _____ CDL _____

Do you have any relatives presently employed by the School District? _____ Yes _____ No

If yes, give names, divisions and relationship: _____

Are you willing to work overtime if required? _____ Yes _____ No

Are you willing to work different shifts, if required? _____ Yes _____ No

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. 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 School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

EMPLOYMENT EXPERIENCE

Start with your current or last job and complete the information below.
(Attach additional sheets if necessary)

Employer Name Address (Street, City, Zip) Employed From To

Job Title Supervisor Supervisor Phone No.

Starting Wage Ending Wage Reason for Leaving

Summarize nature of work performed

Employer Name Address (Street, City, Zip) Employed From To

Job Title Supervisor Supervisor Phone No.

Starting Wage Ending Wage Reason for Leaving

Summarize nature of work performed

Employer Name Address (Street, City, Zip) Employed From To

Job Title Supervisor Supervisor Phone No.

Starting Wage Ending Wage Reason for Leaving

Summarize nature of work performed

Employer Name Address (Street, City, Zip) Employed From To

Job Title Supervisor Supervisor Phone No.

Starting Wage Ending Wage Reason for Leaving

Summarize nature of work performed

Have you served in the United States Armed Forces? _____ Yes _____ No

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

Branch? _____

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 and additional documentation must be provided upon request to determine eligibility. The School District shall give a preference to eligible veterans, veterans' spouses, and/or servicemembers' spouses as required by law. If employment is conditioned on passing an examination, eligible individuals 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 percent shall be added to the passing score of any disabled veteran.

EDUCATIONAL BACKGROUND
(Attach additional sheets if necessary)

_____ 9 _____ 10 _____ 11 _____ 12 _____
High School Name and Location (mark highest grade completed)

Community College School / Location Course of Study

Graduated? _____ Yes_____ No Degree Obtained? _____ Yes _____ No

Trade School School / Location Course of Study

Graduated? _____ Yes_____ No Degree Obtained? _____ Yes _____ No

College / University School / Location Course of Study

Graduated? _____ Yes_____ No Degree Obtained? _____ Yes _____ No

Seminars / Other Please describe

SPECIAL SKILLS

Computer Skills (please explain your level of proficiency below):

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 School District.

REFERENCES
(List three individuals familiar with your work ability. Do not include relatives.)

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

Signature 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**

Criminal History Disclosure and
Acknowledgment and Authorization
For Criminal Background Check

Criminal History Disclosure

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 School District 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 School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the School District, or any other company authorized by the School District, 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 School District, or any other company authorized by the School District, 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.

Printed Name: _____

Other Names Used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____ Driver's License Number and State: _____

Signature: _____ Date: _____