

Application for Classified Personnel Cozad Community Schools

An Equal Opportunity/Affirmative Action Employer

1710 Meridian Avenue

Cozad, NE 69130-1159

Phone: 308-784-2745

Fax: 308-784-2784

Please type or print your responses in ink.

I. PERSONAL & CONTACT INFORMATION

Name _____

First, Middle, Last

Present Address _____

Street, City, State, Zip

E-mail address _____ Phone _____

Are you a former Cozad Community Schools employee? ☐ Yes ☐ No

If Yes: Date of separation ____/____/____

Date available to work with Cozad Community Schools ____/____/____

II. POSITION DESIRED

For what position(s) are you applying? _____

III. EDUCATION

A. SECONDARY SCHOOL(S) ATTENDED

Name of School	Grades Attended	Special Honors or Recognition

B. COLLEGE / UNIVERSITIES ATTENDED / OTHER POST-SECONDARY EDUCATIONAL PROGRAMS

Name of Institution (City, State)	Year Graduated	Degree	GPA & Special Honors Recognition

IV. WORK EXPERIENCE

Start Date	End Date	Position	Duties	Name Telephone of Employer	Reason for Leaving

V. SKILLS

List technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied.
Identify other credentials, licenses, professional affiliations, etc. relevant to the Position(s)

VI. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship (e.g. supervisor, friend)	Contact Information: Telephone & Email Address

VII. QUESTIONS

1. Eligibility for hire:

Are you currently employed? ☐ Yes ☐ No.

If yes, give name of employer & why do you wish to leave your current position?

Are you eligible to work in the United States? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

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? ☐ Yes ☐ No.

If yes, please describe below:

2. Interest in Cozad Community Schools:

Have you previously filed a written application for employment with Cozad Community Schools? ☐ Yes ☐ No

If yes, give date(s) and position for which you applied: ____/____/____

Why do you want to be employed at Cozad Community Schools?

3. Prior History:

Have you ever failed or refused to fulfill a contract of employment with any employer? ☐ Yes ☐ No

If yes, please describe below:

Have you ever had a certificate or license for work purposes denied or revoked? ☐ Yes ☐ No

If yes, please describe below:

4. Self-Evaluation:

Describe your employment 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 employment & your plans for remaining at our school if hired:

VIII. PERSONAL DISCLOSURE

Please respond to each item below.

*If any question is left unanswered or if required attachments are missing, your application will not be considered.
Information provided in this section will not automatically disqualify you from employment.*

1. Have you ever received a ticket, been charged with an offense, been arrested, or been convicted of a criminal offense related to sexual or physical abuse?

☐ Yes ☐ No

2. If you answered "Yes" to Question #1, please explain each situation below. Include the location(s), date(s), agency(ies) involved, and the outcome of each ticket, charge, or arrest.

3. Have you ever had any license, permit, or certificate terminated, revoked, suspended, or received a public or private reprimand or admonishment from a licensing agency, or been subject to a judicial restraining or contempt order?

☐ Yes ☐ No

4. If you answered "Yes" to Question #3, please provide a full explanation, including location(s), date(s), agency(ies) involved, and the outcome of each situation. (Attach additional pages if necessary.)

5. Have you ever been involuntarily terminated, asked to resign, or resigned in lieu of termination from employment?

☐ Yes ☐ No

6. If you answered "Yes" to Question #5, explain each situation below. Include the employer name(s), date(s), and reason(s) for the resignation or termination.

Note: School policy requires that a criminal history background check be completed prior to employment.

VIII. VERIFICATION

I certify that all information provided on this application is true, complete, and accurate to the best of my knowledge and may be relied upon during the hiring process. I understand that it is my responsibility to promptly provide updated and correct information if any details change.

I further understand that any omission, falsification, or misrepresentation may be grounds for denial of employment or termination if already employed.

Disclosure of a Social Security Number is optional but may be used for background checks, payroll, and employment reporting purposes.

I also understand that employment in a classified position is at-will and may be terminated at any time.

Applicant's Legal Signature: _____ **Date:** _____

Non-Discrimination Policy:

It is the policy of Cozad Community Schools not to 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, admissions, employment, or other administered activities.

Individuals requiring accommodations to apply and/or be considered for employment should contact the Superintendent.