

Application for Certificated Personnel Mead Public Schools

An Equal Opportunity/Affirmative Action Employer

Dr. Dale V. Rawson, Supt.
115 N Elm P.O. Box 158
Mead, NE 68041-0158
Phone: (402) 624-2745
E-mail: drawson@esu2.org

Please type or print your responses in ink.

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 ____ / ____ / ____ Drivers License Number: _____ E-mail address _____
____ Yes ____ No. Are you a former Mead Public Schools employee? Date of separation _____

Date available to work with Mead Public Schools: _____

CERTIFICATION

CERTIFICATION--Type of certificate now held

____ None ____ Valid Nebraska teaching certificate.* ____ Expiration date ____ Type ____ Rank ____ Level ____

Areas of Specialization _____ Certificate Number: _____

____ Valid certificate--other state (specify) _____

* **Attach photocopy of current teaching certificate. (Front and back)**

POSITION DESIRED

List the position you are applying for: _____

Are there other areas that you are interested in if we do not select you for this position? (Please List): _____

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

Check B for boys and/or G for girls.

____ Basketball B G ____ Football ____ Track B G ____ Volleyball ____ Drama ____ Speech ____ FFA ____ FCCLA ____ Yell

Squad ____ Dance Team ____ Yearbook ____ Quiz Bowl ____ Destination Imagination ____ Class Sponsor

____ Other _____

Describe Your Experiences/Success/Qualifications for marked activities:

PROFESSIONAL TRAINING & EXPERIENCE

*This information will be used for background screening purposes only and will not be used as hiring criteria.

A. SECONDARY SCHOOL(S) ATTENDED

Name of School	Grades Attended	Special Honors or Recognition

B. STUDENT TEACHING

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

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

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

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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 provide current letters of reference or have your College or University Placement Office or Agency forward your credential file forwarded to: Dr. Dale V. Rawson, Supt., Mead Public Schools, Box 158, Mead, NE 68041-0158.

NOTE: Be certain that your files are up to date. It is important to include recommendations from principals, superintendents, or supervisors under whom you have taught or worked.

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 Mead Public Schools.) Yes No.
 If yes, describe: _____

2. Interest in Mead Public Schools:

● Have you previously filed a written application for employment with Mead Public Schools? Yes No.
 If yes, give date: _____

● Why are you interested in the Mead Public Schools? _____

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

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 _____

● Are you familiar with Computer Assisted Instruction? Yes No.
 If yes, describe your experiences with such: _____
 Have you had experiences with instruction in (check as applicable): Foreign Language Special Education
 Gifted Students Music Art P.E. Penmanship Reasoning Skills

● 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:

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The Background Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Mead Public Schools ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645**, another outside organization acting on behalf of Mead Public Schools, and/or Mead Public Schools itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature**: _____ Date: _____

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AUTHORIZATION FOR ONGOING SCREENING

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING ONGOING SCREENING

Mead Public Schools (“The Company”) reserves the right to obtain information about you from a consumer reporting agency during the course of your employment. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” (as described in “Disclosure and Authorization” on the previous page) for the purpose of continued employment. This authorization shall remain in force for the entire duration of your employment and will only terminate with the termination of your employment.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING ONGOING SCREENING, the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, and A SUMMARY OF YOUR RIGHTS UNDER THE FCRA and certify that I have read and understand these documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after the receipt of this authorization and throughout my employment.

Signature: _____ Date: _____

SUMMARY OF RIGHTS UNDER THE FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commissions web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance or employment must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.

2. You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you

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submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data, of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRAs investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

5. You can dispute inaccurate items with the source of the information. If you tell anyone--such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.

8. Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA. For questions or concerns regarding:

CRA's, creditors and others not listed below, please contact:

Federal Trade Commission
Bureau of Consumer Protection-FCRA,
Washington, DC 20580 (202) 326-3761

National banks, federal branches/agencies of foreign banks, please contact:

Office of the Controller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 (800) 613-6743

Federal Reserve System member banks, please contact:

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 (202) 452-3693

Savings associations and federally chartered savings banks, please contact:

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
(800) 842-6929

Federal credit unions, please contact:

National Credit Union Administration
775 Duke Street
Alexandria, VA 22314
(703) 518-6360

Federal Deposit Insurance Corporation

Division of Compliance & Consumer Affairs
Washington, DC 20429
(800) 934-FDIC

Air, surface or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission, please contact:

Department of Transportation
Office of Financial Management
Washington, DC 20590
(202) 366-1306

Activities subject to the Packers and Stockyards Act, 1921, please contact:

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20250
(202) 720-7051



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

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.

