

Application for Classified/Volunteer 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.

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 ____ / ____ / ____ 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: _____

II. POSITION DESIRED

For what position(s) are you applying/volunteering? If more than one area, mark first choice 1, second choice 2, etc.:

III. EDUCATION

A. SECONDARY SCHOOL(S) ATTENDED and Diploma: ___ Yes ___ No or GED: ___ Yes ___ No

Name of School	Grades Attended	Special Honors or Recognition

B. COLLEGE or UNIVERSITIES ATTENDED and OTHER POST-SECONDARY EDUCATIONAL PROGRAMS

Name of Institution (City, State)	Major	Hrs	Minor	Hrs	Year Graduated	Degree	GPA (4.0 scale) & Special Honors or Recognition

IV. WORK EXPERIENCE

Include all of your last five employers, and all employers for the last 15 years, starting with your current or most recent employer. Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

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

Work Experience Continued:

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and 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)

If required for the Position, do you have a valid driver's license? ___ Yes ___ No

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 Info: Telephone & Complete Mailing Address

VII. 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 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? (Note: regular, dependable attendance is an essential function of 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(s) and position for which you applied: _____
- Why do you want to be employed at 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 employer? ___ Yes ___ No. If yes, describe: _____
- Have you ever had a certificate or license for work purposes denied or revoked? ___ Yes ___ No.
If yes, describe: _____

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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

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, or been arrested for anything other than a minor traffic violation? (If you are unsure if a ticket, a charge or an arrest was for a minor traffic violation, answer "Yes")
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 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. I affirm that none of the information identified in Items # 1 to # 4 in any way involved any of the following: (a) a felony; (b) rape, including statutory rape, or any other sexual assault; (c) sexual conduct with a minor of any kind; (d) abuse of a minor or child of any kind; (e) endangerment of a child or debauching a minor; (f) public indecency; (g) prostitution, pandering, or keeping a place of prostitution; (h) assault or battery (i) kidnapping, false imprisonment or abduction; (j) child pornography; or (k) any offense in which a minor was a victim or a witness.

___True ___Not True (If not True, explain fully in Item #2 or Item #4)

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. I further understand that employment in a classified position would be on an at will basis, terminable at will.

Legal Signature of Applicant

Date: _____, 20__

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

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FOR VOLUNTEER APPLICANTS ONLY

Please answer each of the following questions

1. Are you available to attend all practices/activities/classes scheduled? ___ Yes ___ No

2. Do you have any condition(s) (physical, mental or otherwise) which prevents you from performing the essential functions of any of the position for which you wish to volunteer? ___ Yes ___ No
If yes, please list condition(s):

3. What experiences or background do you have relative to the position you are volunteering for?

4. As a volunteer, you will need to abide by all conditions established by the coordinator for this position. You need to understand that failure to follow those guidelines will result in your dismissal as a volunteer for this program. Do you understand this condition placed on your volunteering for this program? ___ Yes ___ No

Signature of Applicant

Print Name

Date



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: _____

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



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.

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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 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 CRA's 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