

# 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](mailto: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**

**A. SECONDARY SCHOOL(S) ATTENDED**

Name of School	Grades Attended	Special Honors or Recognition

**B. STUDENT TEACHING**

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

**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 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:**



# APPLICANT DISCLOSURE AND AUTHORIZATION FORM

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

Please provide your answers to this area on a separate sheet of paper. Limit your answers to no more than two paragraphs for each statement.

- Describe an effective teacher:
- Describe your professional strengths, 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 education & your plans for remaining at our school if hired.
- What else would you like us to know about you as it relates to this position.

### 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 (e.g., Nebraska Department of Education) 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)

### 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.

\_\_\_\_\_  
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.**

The 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, 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 The Mead Public Schools 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 The Mead Public Schools, and/or The 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 The Mead Public Schools 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 \_\_\_\_\_

Permanent 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.**

**\*\*This signature should be notarized if seeking driving records.**

Notary Seal: \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, duly commissioned and qualified in the aforesaid county, personally appeared \_\_\_\_\_, the identical person who signed the above and foregoing Agreement.

WITNESS my hand and seal the day in your first above written. \_\_\_\_\_, Notary Public



Division of Children and Family Services  
Nebraska Department of Health  
and Human Services

State of Nebraska  
Dave Heineman, Governor

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

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: LAURA BELYEA**

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.**

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

*Helping People Live Better Lives*  
*An Equal Opportunity/Affirmative Action Employer*



# 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_