

Application for Classified/Volunteer Personnel

Mead Public Schools

An Equal Opportunity/Affirmative Action Employer

Dr. Dale V. Rawson, Supt.
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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

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: _____

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.

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

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.

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.



AUTHORIZATION FOR ONGOING SCREENING

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING ONGOING SCREENING

The 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: _____