

Application for Certificated Personnel Mead Public Schools

An Equal Opportunity/Affirmative Action Employer

Superintendent
115 North Elm St
Mead, NE 68041
Phone: 402-624-6465
Fax: 402-624-2001

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 _____ / _____ / _____ E-mail address _____
(Required if offered the position.)

____ Yes ____ No Are you a former Mead Public Schools employee? Date of separation _____

Date available to work with Mead Public Schools _____

CERTIFICATION

Type of certificate now held:

____ None ____ Valid Nebraska teaching certificate* Expiration date _____

Areas of Specialization: _____

Valid certificate—other state (specify) : _____

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

POSITION DESIRED

List the position(s) you are applying for: _____

Activities/Organizations - Please list activities or organization you would be interested in coaching, directing or sponsoring:

VETERAN PREFERENCE (Optional)

Note: This section is optional; you need to request a Veterans Preference even if you are eligible, and if you do not request the preference, you need not submit information about your veteran status.

Do you wish to be considered for a Veterans Preference? ____ Yes ____ No.
If yes, please submit the appropriate documentation with your application.

Applicant Veteran? ____ Yes ____ No. If yes, submit DD Form 214.

Disabled Veteran? ____ Yes ____ No. If yes, submit DD Form 214 and Veteran's disability verification.

Spouse of 100% Disabled Veteran? ____ Yes ____ No. If yes, submit DD Form 214, veteran's disability verification and proof of marriage.

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	Telephone Number

QUESTIONS

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.

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: _____

Prior History:

- Have you ever 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: _____

Personal and Professional Self-Evaluation:

- Describe an effective teacher: _____

- Describe your professional 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 education & your plans for remaining at our school if hired: _____

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, or been convicted of, a criminal offense relating to sexual or physical abuse? 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. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes ___ No ___
6. If you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.

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

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, or on the basis of genetic information, in its educational programs, admission policies, employment policies or other administered programs. This position is subject to a veterans preference. Persons requiring accommodations to apply and/or be considered for positions with Mead Public Schools are asked to make their request to the Superintendent.