

## Application for Teaching Position

| Date:           | Positic  | on Applying F | or:    |         |  |
|-----------------|----------|---------------|--------|---------|--|
| Name:           |          |               |        |         |  |
| First           |          | Middle        | Las    | st      |  |
| Address:        |          |               |        |         |  |
| Street          |          | City          | State  | Zip     |  |
| Phone:          |          |               |        |         |  |
|                 | ome      |               | Work o | r other |  |
| Social Security | / Number | 1 1           |        |         |  |

# PART A

If any of the information requested in Part A is on your resume you do not need to duplicate the information.

### **PROFESSIONAL PREPARATION**

| Institution & Location | Dates<br>Attended | Major Field(s) | Degree Earned |
|------------------------|-------------------|----------------|---------------|
|                        |                   |                |               |
|                        |                   |                |               |
|                        |                   |                |               |
|                        |                   |                |               |
|                        |                   |                |               |
|                        |                   |                |               |
|                        |                   |                |               |

# PROFESSIONAL EXPERIENCE

| Dates | Institution & Location | Position | Salary |
|-------|------------------------|----------|--------|
|       |                        |          |        |
|       |                        |          |        |
|       |                        |          |        |
|       |                        |          |        |
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|       |                        |          |        |

#### <u>PART B</u> All items in Part B need to be completed.

## **REFERENCES**

# Please provide the names of four persons who are aware of your work record and who could provide insight into your abilities as a teacher.

| Name | Address | Occupation/Position | Phone |
|------|---------|---------------------|-------|
|      |         |                     |       |
|      |         |                     |       |
|      |         |                     |       |
|      |         |                     |       |
|      |         |                     |       |

Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse?\_\_\_\_\_ Yes \_\_\_\_\_No If your answer is yes, please give details.

| Have you been                              | involunta | rily relea | sed from a teaching or administrative |  |
|--|-----------|------------|---------------------------------------|--|
| contract?                                  | Yes       | No         |                                       |  |
| If your answer is yes, please give details |           |            |                                       |  |

Are you a citizen of the United States of America? \_\_\_\_ Yes \_\_\_\_ No

I authorize any educational institution, government unit or other person or entity having any records of information concerning me to furnish such records or information requested by Beatrice Public Schools or their duly authorized representatives. I understand in executing this authorization I waive the right for such information to be privileged or private.

I certify that to the best of my knowledge all information is correct and all statements true. I understand that false statements or withheld information shall disqualify me from employment and if employed by Beatrice Public Schools would be grounds for dismissal.

Signature of Applicant

Date

Please ensure you send resume, transcripts, copy of teaching certificate, and credentials.

NOTICE OF NONDISCRIMINATION - Beatrice Public Schools District 15 does not discriminate on the basis of race, color, national origin, sex, disability, martial status or age in admission or access to, or treatment of employment in, its programs and activities. If you feel you have been discriminated against, or have inquiries regarding grievance activities or compliance with Title IX, Title VI or Section 504, contact the Superintendent of Schools, Jason Alexander, Beatrice Public Schools, 320 North Fifth Street, Beatrice, NE 68310 (402)223-1500.



Jason Alexander Superintendent Dr. Jackie Nielsen Assistant Superintendent David Koch Director of Technology Beth Cordry- Hookstra Director of Special Education Terry Brethouwer Director of Buildings & Grounds

#### CONSENT TO PROVIDE EMPLOYMENT HISTORY TO BEATRICE PUBLIC SCHOOLS

I, \_\_\_\_\_\_ (applicant), hereby give consent to any and all current and prior employers of mine to provide information with regard to my employment with current or prior employers to Beatrice Public Schools (prospective employer).

I consent to my current and prior employers giving the following information about me to Beatrice Public Schools:

- 1. Date and duration of employment;
- 2. Pay rate and wage history on the date of receipt of this consent;
- 3. Job description and duties;
- 4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;
- 5. Attendance information;
- 6. Results of drug or alcohol tests administered within one year prior to the request for information;
- 7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- 8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- 9. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.



Revised 9/20/19