

Grand Island Public Schools

Administrative Application

1. Fill out the information form as completely as possible and send to the Personnel Office, 123 South Webb Rd., PO Box 4904, Grand Island, NE 68802-4904.
2. In addition to your cover letter, send your resume and any other applicable information.
3. On a separate sheet, please provide a brief overview of your key professional accomplishments in the order of the importance with which you regard them.
4. Request that your College Placement Office forward your credentials immediately. (If applicable)
5. Provide a copy of your certificate. (If applicable)

Name _____ Soc. Sec. # _____
 First Middle Last

Business Address _____ Telephone _____

City _____ State _____ Zip Code _____ Email _____

Home Address _____ Telephone _____

City _____ State _____ Zip Code _____ Email _____

Present Position _____ Current Salary _____

Enrollment _____ Number of Employees Responsible to You _____

(May or may not be applicable:)

Types of Certificates Held _____

Professional Preparation

<u>Institution & Location</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Graduation Date</u>
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Undergraduate

Graduate

Employment History

List all experience in chronological order.

<u>Name & Location</u>	<u>Position</u>	<u>From/To</u>	<u>Years</u>	<u>Size/Unit</u>
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Employment History (cont.)

Name & Location	Position	From/To	Years	Size/Unit

References

Please list the names of three persons who know your professional work and qualifications.

Name	Position	Present Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Personal Data

Information provided by you in this part WILL NOT automatically bar you from employment with the Grand Island Public Schools, but will be considered in view of all relevant circumstances.

Have you ever been convicted of a felony? Yes _____ No _____
If yes, please provide details including the type of crime, court indicted in and date of conviction.

To be an employee of the Grand Island Public Schools, you must be a citizen of the United States or have authorization from the Immigration and Naturalization Service to work. Are you a United States citizen?
___ Yes ___ No **If no**, do you have Employment Authorization? ___ Yes ___ No

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for substitution. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.

Furthermore, 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, and I understand that any omission, falsification or misrepresentation made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Signed Date