

Grand Island Public Schools
123 South Webb Road
P.O. Box 4904
Grand Island, NE 68802-4904

CLASSIFIED EMPLOYEE APPLICATION

An Equal Opportunity Employer

(Applicant: Please return job description with application form.)

DATE _____ SS # _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE _____ EMAIL _____

POSITION(S) APPLIED FOR: _____

Can you perform the essential functions of the attached job description with or without reasonable accommodations?
Yes No If not, please explain. _____

Have you ever been employed here before? Yes No If yes, when & where? _____

List skills or qualifications you have that would be useful to an employer, including computer software you are familiar with:

Check the kind of employment you want. Full-time Part-time (Less than 7 hrs. per day)
 12 month position 9 month or 10 month position (school year) Temporary/Substitute position

Date available to start _____

Have you ever received a ticket, been charged with an offense, been arrested or been convicted for a criminal offense relating to sexual or physical abuse? Yes No

If you answered "Yes" to the above question, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of each ticket, charge or arrest (Use an attachment if needed):

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

If you answered "Yes" to the above question, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of each situation (Use an attachment if needed):

Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment?
Yes No

If you answered "Yes" to the above question, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.

EDUCATIONAL BACKGROUND

Circle highest grade completed: 6 7 8 9 10 11 12 College: Fr. So. Jr. Sr. Grad.

Level	Name of School City and State	Year(s) Attended	Diploma/Degree/ License	Major Area of Study
High School				
Business/Technical				
College or University				
Other Training				

PERSONAL REFERENCES: Do not list former employers or relatives.

Name and Occupation	Address	Phone #

EMPLOYMENT EXPERIENCE: (List in Order, last or present employer first.)

Are you currently employed? Yes No What hours? _____ May we contact your employer? Yes No

Employer Name (Most recent) Phone	Date		Work Performed
	From	To	
Address			
Type of Business	Hrly. Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer Name Phone	Date		Work Performed
	From	To	
Address			
Type of Business	Hrly/ Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer Name Phone	Date		Work Performed
	From	To	
Address			
Type of Business	Hrly. Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

To be an employee of 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
(Please attach a copy)

My signature below authorizes the school district to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions post offer, 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. I further understand that employment would be on an at will basis, terminable at will.

Signature of Applicant