

Bruning-Davenport Unified School

District #85-2001

Kelly Lampe, Superintendent
J.J Wagner, 2-8 Principal
Elem. & Middle School/District Office
106 N Juniper Avenue
PO Box 190
Davenport, NE 68335
(402) 364-2225



Ruth Kowalski, Principal
PreK-1 & High School
340 Carroll Street
PO Box 70
Bruning, NE 68322
(402) 353-4685

APPLICATION FOR EMPLOYMENT

Please type or print in ink

Bruning-Davenport Unified School District is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applications who need a reasonable accommodation to complete this application may contact the HR Director for assistance. The Title IX Coordinator is the Activities Director who may be contacted in person, by mail, by telephone, or by electronic mail at 402-353-4685.

Position Applied For

Date of Application

Last Name

First Name

Middle Initial

Present Address (Number and Street)

City

State

Zip

Telephone Number(s): Home

Cell

E-mail Address

CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- I am a high school graduate or hold a GED
- I can understand and follow verbal directions
- I can understand and follow written directions
- I have not been convicted of a crime involving physical or sexual abuse
- I can, after being hired, verify my legal right to work in the United States

If you have checked all the boxes above, please continue to the second page.

If any box above is unchecked, please submit the application now.

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

EMPLOYMENT EXPERIENCE

**Start with your current or last job and complete the information below.
(Attach additional sheets if necessary)**

Employer Name	Address (Street, City, Zip)	Employed From	To
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Job Title	Supervisor	Supervisor Phone No.
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Starting Wage	Ending Wage	Reason for Leaving
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Summarize nature of work performed

Employer Name	Address (Street, City, Zip)	Employed From	To
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Job Title	Supervisor	Supervisor Phone No.
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Starting Wage	Ending Wage	Reason for Leaving
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Summarize nature of work performed

Employer Name	Address (Street, City, Zip)	Employed From	To
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Job Title	Supervisor	Supervisor Phone No.
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Starting Wage	Ending Wage	Reason for Leaving
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Summarize nature of work performed

May we contact your current employer? Yes No

Have you served in the United States Armed Forces? Yes No
 If yes, please give dates of military service: From _____ To _____
 Branch? _____
 Summarize nature of work performed: _____

Are you claiming veterans' preference? Yes No

If yes, a copy of your DD Form 214 must be attached to this application and additional documentation must be provided upon request to determine eligibility. This position is subject to a veterans preference. The School District shall give a preference to eligible veterans, veterans' spouses, and/or servicemembers' spouses as required by law. If employment is conditioned on passing an examination, eligible individuals who obtain passing scores on all parts or phases of the examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled veteran.

EDUCATIONAL BACKGROUND

(Attach additional sheets if necessary)

_____ 9 _____ 10 _____ 11 _____ 12 _____
High School Name and Location (mark highest grade completed)

Community College	School / Location	Course of Study
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Trade School	School / Location	Course of Study
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

College / University	School / Location	Course of Study
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Seminars / Other Please describe

SPECIAL SKILLS

Computer Skills (please explain your level of proficiency below):

Use the space below to summarize other relevant experience, skills, background, training, and qualifications that you feel make you especially suited for work with the School District.

REFERENCES

(List three individuals familiar with your work ability. Do not include relatives.)

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
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Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
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Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
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APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading, or omitted information given in my application or interview(s) may result in discharge.

Signature

Date

**CONSENT TO PROVIDE EMPLOYMENT HISTORY
TO PROSPECTIVE EMPLOYERS**

I, _____ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

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.

Printed Name	Signature	Date
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**Criminal History Disclosure and
Acknowledgment and Authorization
For Criminal Background Check**

Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years? ____ Yes ____ No

(Convictions do not necessarily bar you from employment but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The School District is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: _____

Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the School District, or any other company authorized by the School District, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the School District, or any other company authorized by the School District, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name: _____

Other Names Used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____ Driver's License Number and State: _____

Signature: _____ Date: _____