

Malcolm Public Schools
 10004 NW 112th
 Malcolm, NE 68402
 (402)796-2151

AN EQUAL OPPORTUNITY EMPLOYER

Date Interviewed: _____

CLASSIFIED EMPLOYEE APPLICATION

THE MALCOLM PUBLIC SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, HANDICAP, RELIGION, OR MARITAL STATUS IN ITS EDUCATIONAL PROGRAMS, ACTIVITIES OR EMPLOYMENT POLICIES

Name: _____ Date: _____
Last First Middle Initial

Address: _____

Social Security Number _____ - _____ - _____ Phone (____) _____ - _____ Email _____

Please list any other name(s) (i.e. maiden name, etc.) references may know you by: _____

POSITION(S) APPLIED FOR: (Check all that apply) Mark in order of preference (1st choice 1, 2nd choice 2...)

Paraprofessional: (9 months)

- _____ a) General Classroom Paraprofessional
- _____ b) Library Media Paraprofessional
- _____ c) Health Paraprofessional
- _____ d) Classroom Paraprofessional Special Education (Mildly Handicapped / Behavioral Disordered)
- _____ e) Classroom Paraprofessional Special Education (Multi-Handicapped - May require lifting)
- _____ f) Paraprofessional for Behavioral Disordered
- _____ g) Substitute Para - All Areas

Maintenance:

- _____ a) Custodian
- _____ b) District Maintenance (check skills below)
 - _____ Plumber
 - _____ Electrician
 - _____ Carpenter
 - _____ Mechanic
 - _____ General
- _____ c) Summer help

Clerical:

- _____ a) Accounting / Payroll
- _____ b) Secretarial / Admin Assistant

Nutrition / Lunch Service:

- _____ a) Cook Food Service Cert. – (Circle) Yes or No
 List Certification _____
- _____ b) Kitchen Aide

Do you word process? Yes No Approx. Speed _____ WPM

Transportation

- _____ a) Bus Driver I have experience as a bus driver – (Circle) Yes or No
 I have a CDL – (Circle) Yes or No

What computer programs are you most familiar with?

I hereby give my consent for Malcolm Public Schools to obtain the results of any and all DOT – required drug and alcohol tests from all the companies for which I have worked.

Signature: _____

EDUCATIONAL BACKGROUND:

Level	Name of School, City and State	Attended Year to Year	Diploma/Degree Yes or No	Major Area of Study
High School		XXXXXXXXXXXXXXXX	Yes or No	XXXXXXXXXXXXXXXX
Business or Technical			Yes or No	
College or University			Yes or No	
Other Training			Yes or No	

EXPERIENCES WORKING WITH YOUNG PEOPLE:

List the experiences you have had working with young people on a volunteer or work basis. Examples would be tutoring, scouting, church groups, summer camp, swim instructor, etc.

NATURE OF THIS EXPERIENCE	LOCATION	APPROXIMATE DATES

Employment Record:

Organization _____	Phone _____
Street Address _____	City/State/Zip _____
Supervisor _____	Type of Work _____
Date Started _____	Date Left _____ Salary _____
Reason (s) you left _____	
May we contact your present employer? Yes or No	

Organization _____	Phone _____
Street Address _____	City/State/Zip _____
Supervisor _____	Type of Work _____
Date Started _____	Date Left _____ Salary _____
Reason (s) you left _____	
May we contact your present employer? Yes or No	

PROFESSIONAL REFERENCES: Please Print

1. _____
Name Address Phone Number
2. _____
Name Address Phone Number

PERSONAL REFERENCES: Please Print

1. _____
Name Address Phone Number
2. _____
Name Address Phone Number

Do you have any relatives employed in the Malcolm Public Schools? Yes or No If yes, give name and relationship: _____

I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

Signature: _____

MALCOLM PUBLIC SCHOOLS EMPLOYMENT APPLICATION

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. Are you a U.S. Citizen? (circle) Yes or No
If not, do you possess an alien (work) registration card? (Circle) Yes or No

2. Have you ever received a ticket, been charged with an offense, or been arrested for anything other than a minor traffic violation? (If you are unsure if a ticket, a charge or an arrest was for a minor traffic violation, answer "Yes") Yes ___ or No ___

(a). If you answered "yes" to Question #2 above, you must explain each situation including location (s), dates (s), agency(ies) involved, and the outcome of each situation (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 (e.g., Nebr. Department of Education) or been subject to a judicial restraining or contempt order? Yes ___ No ___ If yes, please explain

4. I affirm that **NONE** of the information identified in Question #2 or #3 above in any way involved any of the following: (a) a felony; (b) rape, including statutory rape, or any other sexual assault; (c) sexual conduct with a minor of any kind; (d) abuse of a minor or child of any kind; (e) endangerment of a child or debauching a minor; (f) public indecency; (g) prostitution, pandering, or keeping a place of prostitution; (h) assault or battery; (i) kidnapping, false imprisonment or abduction; (j) child pornography; or any offense in which a minor was a victim or a witness.

True ___ Not True ___ (If not True, explain fully in Item #2 or #3 or attach additional information)

5. How were you referred to us: (check all that apply)

Self	_____	Advertisement	_____
School	_____	Nebraska Job Service	_____
Friend	_____	Employment Agency	_____
Employee Other:	_____		

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 to it 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 may be used to conduct background checks for employment purposes and for personnel and payroll processing.

Signature of Applicant: _____ Date: _____

