

# Application for Certificated Personnel Malcolm Public Schools

An Equal Opportunity/Affirmative Action Employer

10004 NW 112<sup>th</sup> St.  
Malcolm, NE 68402  
Phone: 402-796-2151  
Fax: 402-796-2178

Please type or print your responses in ink.

## I. PERSONAL & CONTACT INFORMATION

Name \_\_\_\_\_  
*First Middle Last (Maiden)*

Present Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
*Street City State Zip*

Permanent Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
*(If different from present address.) Street City State Zip*

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No. Are you a former Malcolm Public Schools employee? Date of separation \_\_\_\_\_  
Date available to work with Malcolm Public Schools \_\_\_\_\_

## II. CERTIFICATION

### CERTIFICATION--Type of certificate now held

\_\_\_\_ None \_\_\_\_ Valid Nebraska teaching certificate.\* \_\_\_\_\_ Expiration date \_\_\_\_\_ Type \_\_\_\_\_ Rank \_\_\_\_\_ Level \_\_\_\_\_

Areas of Specialization \_\_\_\_\_

\_\_\_\_ Valid certificate--other state (specify) \_\_\_\_\_

\* Attach photocopy of current teaching certificate. (Front and back)

## III. POSITION DESIRED

If you are endorsed in more than one area, mark first choice 1, second choice 2, etc.:

Specialist \_\_\_\_ Elementary \_\_\_\_ Secondary \_\_\_\_

**SPECIALIST**--check below the specialist area in which you are certified and seek assignment:

\_\_\_\_ Art Counselor \_\_\_\_ English Language Learners \_\_\_\_ Family Specialist (Social Worker) \_\_\_\_ Media Specialist

\_\_\_\_ Music \_\_\_\_ Physical Education \_\_\_\_ School Psychologist \_\_\_\_ Speech Pathologist \_\_\_\_ Other \_\_\_\_\_

Special Ed. (check): \_\_\_\_ Behaviorally Disordered \_\_\_\_ Early Childhood Special Education \_\_\_\_ Hearing Impaired

\_\_\_\_ Learning Disabled \_\_\_\_ Mentally Handicapped: Mild \_\_\_\_ Mentally Handicapped: Moderate

\_\_\_\_ Mentally Handicapped: Severe/Profound \_\_\_\_ Orthopedically Impaired \_\_\_\_ Visually Handicapped

Level preferred: Mark first choice 1, second choice 2, etc.

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

**ELEMENTARY TEACHER**--complete the following:

Level preferred: Mark first choice 1, second choice 2, etc.

Kindergarten \_\_\_\_\_ Grade 1-2 \_\_\_\_\_ Grade 3-4 \_\_\_\_\_ Grade 5-6 \_\_\_\_\_

Check any of the following in which you have additional training or expertise for an elementary setting: \_\_\_\_ Art

\_\_\_\_ Computer \_\_\_\_ Early Childhood \_\_\_\_ English Language Learners \_\_\_\_ Gifted \_\_\_\_ Headstart \_\_\_\_ Reading \_\_\_\_ Science

**SECONDARY TEACHER**--complete the following:

Level preferred: Mark first choice 1, second choice 2.

Middle School (6-8) \_\_\_\_\_ High School (9-12) \_\_\_\_\_

List in order of preference the subjects you are certified to teach:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Activities:** Check any of the following which you would be willing to sponsor, direct, coach or manage.

Check B for boys and/or G for girls.

\_\_\_\_ Basketball  B  G \_\_\_\_ Cross Country  B  G \_\_\_\_ Football \_\_\_\_ Golf  B  G \_\_\_\_ Track  B  G \_\_\_\_ Volleyball

\_\_\_\_ Drama \_\_\_\_ Instrumental Music \_\_\_\_ Newspaper \_\_\_\_ Speech \_\_\_\_ Instrumental Music \_\_\_\_ Vocal Music \_\_\_\_ Yearbook

\_\_\_\_ Other \_\_\_\_\_

Describe Your Experiences/Success/Qualifications for marked activities:

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**IV. PROFESSIONAL TRAINING & EXPERIENCE**

**A. SECONDARY SCHOOL(S) ATTENDED**

Name of School	Grades Attended	Special Honors or Recognition

**B. STUDENT TEACHING**

From	To	School	Location City/State/State	Grade & Subject
Cooperating Teacher:				
From	To	School	Location City/State/State	Grade & Subject
Cooperating Teacher:				

**C. COLLEGE or UNIVERSITIES ATTENDED**

Name of Institution (City, State)	Major	Hrs	Minor	Hrs	Year Graduated	Degree	GPA (4.0 scale) & Special Honors or Recognition

**D. EDUCATIONAL WORK EXPERIENCE—Include at least the last five employers**

Years Taught	No. of Mos.	Position (also state if full or part- time)	Grades and Subject Taught & Extracurricular Duties	Name and Mailing Address of School	Reason for Leaving

**V. REFERENCES**

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught in the past 15 years. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals who have been associated with your student teaching. Indicate with an (\*) any reference which is included in your credentials.

Name	Position	Contact Info: Telephone & Complete Mailing Address

Please state where your current references may be secured (College or University Placement Office or Agency)

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**NOTE:** Please have references sent. Be certain that they are up to date. It is important to include evaluations from principals, superintendents, or supervisors under whom you have taught or worked.

## VI. VETERAN PREFERENCE

If you wish to be considered for a Veterans Preference please indicate \_\_\_ Yes \_\_\_ No, and submit the appropriate documentation with your application. Note: This section is optional; you need to request a Veterans Preference even if you are eligible, and if you do not request the preference, you need not submit information about your veteran status.

1. **Applicant Veteran?** \_\_\_ Yes \_\_\_ No. If yes, submit DD Form 214.
2. **Disabled Veteran?** \_\_\_ Yes \_\_\_ No. If yes, submit DD Form 214 and Veteran's disability verification.
3. **Spouse of 100% Disabled Veteran?** \_\_\_ Yes \_\_\_ No. If yes, submit DD Form 214, veteran's disability verification and proof of marriage.
4. **Spouse of Veteran on active duty at this time or within 180 days of the spouse's discharge or separation of service.** \_\_\_ Yes \_\_\_ No.

## VII. QUESTIONS

Directions: Please answer each of the questions below as best you can. If more space is needed please attach additional pages. If you are typing your answers, please respond to at least one question in your own handwriting.

### 1. Eligibility for hire:

- Are you now under contract? \_\_\_ Yes \_\_\_ No.

If yes, with which school are you under contract & why do you wish to leave your current position? \_\_\_\_\_

- Do you have any condition (physical, mental, or otherwise) which prevents you from performing the essential functions of any of the positions for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of certificated positions at Malcolm Public Schools.)

\_\_\_ Yes \_\_\_ No. If yes, describe: \_\_\_\_\_

### 2. Interest in Malcolm Public Schools:

- Have you previously filed a written application for employment with Malcolm Public Schools? \_\_\_ Yes \_\_\_ No. If yes, give date: \_\_\_\_\_

- Why do you want to be employed at Malcolm Public Schools? \_\_\_\_\_

- What experiences have you had with Malcolm Public Schools or the community of Malcolm? \_\_\_\_\_

### 3. Prior History:

- Have you ever failed or refused to fulfill a contract of employment with any school district? \_\_\_ Yes \_\_\_ No. If yes, describe: \_\_\_\_\_

- Have you ever had a diploma, credential, or certificate denied or revoked? \_\_\_ Yes \_\_\_ No.

If yes, describe: \_\_\_\_\_

### 4. Educational & Multi-cultural Background:

- Are you familiar with the School Improvement Process? \_\_\_ Yes \_\_\_ No.

If yes, describe your familiarity/experience with that process \_\_\_\_\_

- Are you familiar with Computer Assisted Instruction? \_\_\_ Yes \_\_\_ No.

If yes, describe your experiences with such instruction \_\_\_\_\_

Have you had experiences with instruction in (check as applicable): Foreign Language: \_\_\_ Special Education \_\_\_ Gifted Students \_\_\_ Music \_\_\_ Art \_\_\_ P.E. \_\_\_ Penmanship \_\_\_ Reasoning Skills \_\_\_

- How would you address different racial/ethnic, gender or culturally based attitudes of students and infuse a multicultural perspective into your classroom/subject area? \_\_\_\_\_

### 5. Personal and Professional Self-Evaluation:

- Describe an effective teacher: \_\_\_\_\_

- Describe your professional strengths and abilities and personal characteristics which will apply to your position: \_\_\_\_\_

- Describe your weakness/areas in which you feel you need to improve: \_\_\_\_\_

- Describe your future plans and goals in education & your plans for remaining at our school if hired: \_\_\_\_\_

## VIII. 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. Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse?  
Yes \_\_\_ No \_\_\_

2. If you answered "Yes" to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the each ticket, charge, or arrest (use an attachment if needed):  


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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 or been subject to a judicial restraining or contempt order?  
Yes\_\_\_ No\_\_\_
4. If you answered "Yes" to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the each situation (use an attachment if needed):  


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5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment?  
Yes\_\_\_ No\_\_\_
6. If you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.  


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Note: School policy requires that a criminal history record information check be completed prior to employment.

### VIII. VERIFICATION

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 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 will be used to conduct background checks for employment purposes and for personnel and payroll processing and required reporting if I am employed.

\_\_\_\_\_  
Legal Signature of Applicant

Date: \_\_\_\_\_, 20\_\_

**It is the policy of Malcolm Public Schools to not discriminate on the basis of sex, handicap or disability, race, color, religion, marital status, veteran status, or national or ethnic origin, or on the basis of genetic information, in its educational programs, admission policies, employment policies or other administered programs. This position is subject to a veterans preference. Persons requiring accommodations to apply and/or be considered for positions with Malcolm Public Schools are asked to make their request to the Superintendent.**