

Kearney Community Learning Center

Application for Employment

Kearney Public Schools Foundation 310 West 24th Street, Kearney NE 68845-5345 Phone: (308) 698-8053 FAX: (308) 698-8001

Kearney Public Schools Foundation is an Affirmative Action / Equal Opportunity Employer, and it is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, disability, national origin, or other protected classification.

Please PRINT your responses in ink. 1. Name: First Middle Initial 2. Address: _____ ST City Zip + 4 Home Phone: Cell Phone: Email address: **4. Social Security #: 5.** Are you over 18 years old? □ Yes □ No **6.** Are you authorized to work in the US on an unrestricted basis? \square Yes \square No 7. Have you worked at KPSF before? ☐ Yes ☐ NoReason for Leaving: 8. Are there any hours, shifts or days you cannot or will not work? 9. Shift Preferred: ☐ Part Time ☐ Full Time ☐ Either 10. Are you willing to work overtime? ☐ Yes ☐ No 11. Are you able to perform the essential functions of the job with / without reasonable accommodations?

Yes □ No (Answer only after reviewing the essential job functions. Applicants may request necessary accommodations to participate in the application process.) **12**. Have you ever been arrested and/or convicted of a violation of law other than a minor traffic violation? □ No ☐Yes If Yes, describe the situation. A conviction will not necessarily disqualify an Applicant for employment. **EDUCATION:** Diploma Received? □Yes □No High School Name & Location Degree Received? Degree: ____ □Yes □No College / University Month/Year Degree Received? Degree: □Yes □No College / University Month/Year Month/Year Other Training/Education **POSITIONS APPLIED FOR:** 3. _____ When can you start? _____

You will receive no further communication from Kearney Public Schools Foundation unless extended an invitation to interview. 1

Wage or Salary desired: \$

WURK HISTURY:	Мау	we contact your present Employer?	⊔ Yes ⊔ No
Most Recent/Current E	mployer	Address	Phone Number
Date Started:	Starting Salary: \$	Starting Position:	
Date Left:	Ending Salary: \$	Position on Leaving:	
Job Duties:			
Supervisor's Name & Title:		Reason for	
Traine a Title.		LE Work Experience:	
		-	
Employer/Organization		Address	Phone Number
Date Started:	Starting Salary: \$	Starting Position:	
Date Left:	Ending Salary: \$	Position on Leaving:	
Job Duties:		December for	
Supervisor's Name & Title:		Reason for Leaving:	
Employer/Organization		Address	Phone Number
Date Started:	Starting Salary: \$	Starting Position:	
Date Left:	Ending Salary: \$	Position on Leaving:	
Job Duties:			
Supervisor's Name & Title:		Reason forLeaving:	
Employer/Organization	<u>-</u>	Address	Phone Number
Date Started:	Starting Salary: \$	Starting Position:	
Date Left:	Ending Salary: \$	Position on Leaving:	
Job Duties:			
Supervisor's Name & Title:		Reason for Leaving:	
understand that if I am employ or misrepresentation may result in Schools Foundation to make all subject to any required verificate. I understand that employment employment relationship at a employment is continued on the	red, false statements may fult in my discharge, if him in investigation of any of the tion of references, physical for this Foundation is "at any time, with or without that basis. I understand the	mployment are true and complete to the by result in dismissal. I understand that any need, regardless of when discovered. I authorie facts set forth on this Application. I undersal examination, and satisfactory completion of will", which means that either I or the Found to prior notice, and for any reason not potent no supervisor, manager, or executive of lation, I authorize the release of reference is	material omission of facts orize the Kearney Public stand that employment is of a training period. Indation can terminate the rohibited by statute. Al
Annlicant's Signature		Dato:	

This Application for Employment shall be considered active for a period of six (6) months. The Applicant may request this Application be pulled forward for an additional six (6) months.

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WORK REFERENCES: Please DO NOT list friends and relatives. Complete as fully as possible.

1. Name:					
			Tit	tle/Relationship	
Company:				Phone	
Address:					
	Street/PO Box	City	ST	Zip	
2 Name:					
Z. Name			Tit	tle/Relationship	
Company:					
				Phone	
Address:	Street/PO Box	City	ST	Zip	
3. Name:				tle/Relationship	
Company.				,	
Company.			· · · · · · · · · · · · · · · · · · ·	Phone	
Address:	Ohra ah/DO Davi	Cit.	O.T.	7:	
	Street/PO Box	City	ST	Zip	
4. Name:					
			Tit	tle/Relationship	
Company:				Phone	
Address:					
	Street/PO Box	City	ST	Zip	
5. Name:					
o. Name			Tit	tle/Relationship	
Company:					
				Phone	
Address:	Street/PO Box	City	ST	Zip	
		•		•	
I authorize any person, organization, or company listed on this Application to furnish Kearney Public Schools Foundation with any and all information concerning my previous employment, education, and qualifications for employment. I also authorize Kearney Public Schools Foundation to request and receive such information.					
The release in any manner of all information is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, or firms from any liabilities resulting from providing such information.					
Applicant's	Signature:		Da	ate:	:
Print Name:				(O)	VER)

3

Kearney Public Schools Foundation is an Affirmative Action / Equal Opportunity Employer SUPPLEMENTARY QUESTIONS: NAME: Please print your answers in complete sentences.

	Please print your answers in <u>complete sentences.</u> Please describe your specific job skills				
2.	Of all the kinds of work you've done, what area did you like best? Please explain why.				
3.	What are your hobbies and special interests?				
4.	How would you describe your work style?				
5.	What work skills would you like to develop in yourself?				
-					
6.	How do you establish good working relationships with your co-workers?				
7.	How would you like to have other people think of you?				
8	How do you resolve conflicts in the workplace?				
<u> </u>	Tion do you recoive committe in the workplace:				
9.	Please describe your goals.				

4

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(OVER)

DRUG FREE WORKPLACE

The following Position Statement on a Drug Free Workplace has been adopted by the Kearney Public Schools Foundation

- 1. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance by any Kearney Public Schools Foundation employee is strictly prohibited at any time or place, whether on or off duty.
- 2. Any employee violating this prohibition will be subject to severe disciplinary action, up to and including termination of employment.
- 3. As a condition of employment, employees must notify their supervisor of any conviction for violating federal or state criminal laws regarding controlled substances. Such notification must be made within five (5) days after such conviction.
- 4. As a condition of continued employment, all employees must abide by the terms of the Position Statement for a Drug Free Workplace.
 - 5. All employees shall receive a copy of this Position Statement for a Drug Free Workplace.

I have read and understand the Position Statement for a Drug Free Workplace.				
Signature of Applicant:	Date:			
Print Name:	_			
UNLAWFUL ACTS BY EMPLOYEES				
The following Position Statement on Unlawful Acts by Employees Schools Foundation. 1. Any employee charged or convicted in any unlawful act, in vioother applicable law, at any time or place, whether on or off duty, migudgment of the Superintendent or the designee, the charge or consustantial interference with school purposes. 2. As a condition of employment, employees must notify their unlawful act in violation of federal, state, or local criminal or other application (5) five days after such charge or conviction. Generally, speed reported. 3. As a condition of continued employment, all employees must a on Unlawful Acts by Employees. 4. All employees shall receive a copy of this Position Statement on	olation of federal, state, or local criminal or ay be subject to disciplinary action, if, in the conviction in the unlawful act constitutes a supervisor if charged or convicted of any clicable law. Such notification must be made ding tickets and such infractions need not be abide by the terms of the Position Statement			
I have read and understand the Position Statement for Unlawful Acts by Employees.				
Signature of Applicant:	Date:			
Print Name:				

5 07/12

NOTICE OF NON-DISCRIMINATION

It is the policy of the Kearney Public Schools Foundation, not to discriminate on the basis of race, color, religion national origin, sex, age, marital status or pregnancy, or other protected conditions, in its educational programs, activities, or employment policies as required by Title VI and Title VII of the 1964 Civil Rights Act, and Title IX of the 1972 Education Amendments, Section 504 Rehabilitation Act of 1973 and the Nebraska Equal Education Opportunity Act. Any person who believes she or he has been discriminated against, denied a benefit, or been excluded from participation in any district education program or activity on the basis of sex, race or handicap, may grieve such matters using the adopted grievance procedures of the Kearney Public School District. Such procedure shall provide for prompt and equitable resolution of complaints alleging acts of discrimination. Inquiries regarding compliance with Title IX, Section 504, Title VI or the Nebraska Equal Opportunity in Education Act may be directed to the Director of Human Resources, 310 West 24th Street, Kearney, NE, 68845-5345, (308) 698-8011.

6 07/12