

# Kenesaw Public School

110 N. 5th Avenue - PO Box 129

Kenesaw, NE 68956

Phone: 402-752-3215 - FAX: 402-752-3579

POSITION FOR WHICH YOU ARE APPLYING
Position title:

APPLICANT DATA INFORMATION	
Name (Last, First, Middle):	
<b>Mailing Address:</b>	<b>Physical Address:</b>
City:	State:
Telephone:	
Email Address:	
Are you legally eligible to work in the United States?	
Do you have a valid driver's license?	If yes, State/License #:
Have you ever applied to, or worked for Kenesaw Public School?	If so, when?
Have you ever been convicted of a felony (excluding any sealed or expunged convictions)?	
If yes, explain:	
<p><i>NOTE: No applicant will be denied employment solely on the grounds of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.</i></p>	

EDUCATION, TRAINING, and LICENSES					
<b>NOTE: In the State of Nebraska, it is unlawful to knowingly use a false academic credential or to falsely claim to have a credential issued by an accredited college/institution recognized by the U.S. Department of Education.</b>					
Type of School	Name and Location of School		Degree/ Area of Study	Number of Yrs Attended	Graduated?
High School	Name				
	City	State			
College	Name				
	City	State			
Other	Name				
	City	State			
Professional Certifications, Licenses or Memberships:					

**EMPLOYMENT HISTORY**

Starting with your most recent employer, list work and volunteer experience gained during the last 10 years.

From: mo/yr	Employer's name and address:	Type of Business:
To: mo/yr		

Job Title:

Supervisor's name and phone #:

Hours per week:	Last Salary: \$	# of employees supervised:
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Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER?

From: mo/yr	Employer's name and address:	Type of Business:
To: mo/yr		

Job Title:

Supervisor's name and phone #:

Hours per week:	Last Salary: \$	# of employees supervised:
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Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER?

From: mo/yr	Employer's name and address:	Type of Business:
To: mo/yr		

Job Title:

Supervisor's name and phone #:

Hours per week:	Last Salary: \$	# of employees supervised:
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Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER?

**PROFESSIONAL REFERENCES**

Name:	Telephone:
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Address:

Position:

Name:	Telephone:
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Address:

Position:

Name:	Telephone:
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Address:

Position:

**APPLICANT STATEMENT**

I declare under penalty of perjury under the laws of the State of Nebraska that all information I have provided in my application materials is true, complete, and correct. I also declare that I have not omitted any information called for by this application. I understand that any information I provide (or fail to provide) that is found to be false, incomplete, or contains a misrepresentation in any respect will be sufficient cause to (i) cancel further consideration of this application or (ii) subject me to discipline, up to and including termination, if I am hired.

I understand that if offered employment, I will, as a condition of my employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

The Kenesaw Public School will perform a background check upon acceptance of the position.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Nebraska driver's license.

**DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE**

I have read, fully understand, and accept all terms of the above Applicant Statement. I also understand that if my application is not signed, it is not complete and I may be disqualified from being considered for this position.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_