CERTIFIED EMPLOYEE APPLICATION
LEYTON PUBLIC SCHOOLS

504 Main Street; PO Box 297
Dalton, NE 69131
(308) 377-2301

A. POSITION DESIRED: _____

B. PERSONAL DATA

Social Security # _____-_____-_____ Date of Birth _____

Name: _____
Last First Middle

Address: Present _____
Street Telephone

_____
City State Zip Code

Permanent _____
Street Telephone

_____
City State Zip Code

E-mail Address: _____

In case of emergency, contact: _____
Name

Home (_____) _____ Business (_____) _____

Are any of your relatives employed by the District? YES NO

If yes, their name: _____ relationship to you: _____

C. PROFESSIONAL RECORD

Have you ever been discharged or forced to resign from any position? YES NO

If yes, please provide the following information:

Employer's name: _____

Position Title: _____

Employment Dates: _____

Reason for Discharge: _____

Have you ever been convicted of a crime, other than a minor traffic violation? (Drunk or reckless driving is not considered minor.) YES NO

If yes, please explain the circumstances on a separate sheet.

Applicants with criminal records will still be considered for employment. However, applicants who fail to disclose their criminal record will not be considered or may be terminated from employment if hired.

Have you ever been or are you currently the subject of a complaint to or investigation by the Nebraska Professional Practices Commission? YES NO

If yes, please explain the circumstances on a separate sheet of paper.

Have you ever had any professional license, degree, or privilege revoked or suspended? YES NO
If yes, please explain the circumstances on a separate sheet of paper.

D. TEACHING CERTIFICATE

Do you currently possess a Nebraska Teaching Certificate? YES NO

If yes, Title _____ Date Issued _____ Date Expires _____

If no, do you have an application pending? YES NO

Are you certified to teach in another state(s)? YES NO

If yes, which one(s)? _____

E. EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENEDED	MAJOR/MINOR	DEGREE	DATE RECEIVED

F. EMPLOYMENT HISTORY

NAME AND ADDRESS OF EMPLOYER	DATES	REASON LEFT	TEACHING AREA	FINAL SALARY

G. REFERENCES

Please list at least three people able to provide information concerning your qualification for the position for which you are applying. Include all previous supervisors.

NAME	VOCATION & TITLE	BUSINESS ADRESS	TELEPHONE

H. QUESTIONS

Please use a separate sheet to answer <u>any two</u> of the following questions.

1. Describe your reasons for seeking a position in the Leyton Public School District.
2. Describe a rewarding experience you have had in working with a student(s).
3. What are your personal goals and aspirations?
4. How do you want students to view you?
5. Describe an outstanding school teacher.

I swear that all the information that I have provided above is true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

This application form is to be forwarded to the SUPERINTENDENT OF SCHOOLS, Leyton Public School District, PO Box 297, 504 Main Street, Dalton, NE 69131. If teaching credentials are available please have a copy forwarded to the superintendent's office.

EOE

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, CREED, SEX, OF NATIONAL ORIGIN. DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN IS PROHIBITED. APPLICANTS WHO BELIEVE THEY HAVE BEEN DISCRIMNATED AGAINST MAY NOTIFY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OR OTHER APPROPRIATE AGENCY.

LEYTON PUBLIC SCHOOLS
NOTICE TO APPLICANT OF INVESTIGATIVE CONSUMER REPORT
AND APPLICANT'S CONSENT

I understand that Leyton Public Schools may request an investigative consumer report from a consumer reporting agency for employment purposes, including the consideration of my job application. This report may include information as to my character, reputation, personal characteristics and mode of living. The investigation may include a check on among other things, my credit record, criminal history, military record, employment record and driving record. Information may be obtained through review of credit records, review of records of public agencies, including criminal courts, and through personal interviews with my neighbors, friends, or others with whom I am associated or acquainted, and with former employers, schools, and other. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I authorize Leyton Public Schools to conduct the investigation referred to above, or to have others conduct it, and I authorize Leyton Public Schools to obtain a consumer report on me as referred to above.

I also authorize current and former employers and others referred to above to provide relevant information and opinions about me and to release and discuss all records and information such firms and individuals may have about me. I release such employers and other persons who may give or receive information pursuant to this authorization from any legal liability and from any and all claims of any kind.

The above statements are given freely and voluntarily.

Date:_____ _____

Signature of applicant

LEYTON PUBLIC SCHOOLS APPLICANT DISCLOSURE AFFIDAVIT

Information provided by you in this affidavit WILL NOT automatically bar you from employment or volunteer work with Leyton Public Schools, but will be considered in view of all relevant circumstances. Any falsification, misrepresentation or incompleteness in this affidavit is alone grounds for disqualification or immediate termination of employment. Please read the affidavit carefully and provide an explanation should you have any question on any statement contained in the affidavit.

The undersigned applicant affirms that I have NOT at any time been convicted of, or plead guilty, no contest, or nolo contendere to, or been placed on pretrial diversion subsequent to having been charges, arrested, or given a ticket for, or had any license, permit, or certificate terminated, revoked, suspended, or adversely affected because of, or been subject to a judicial restraining or contempt order, for any of the following:

Yes	No	(Initial if answer is yes or no and provide explanation for a "yes" answer below.)
___	___	Any felony;
___	___	Rape, including statutory rape, or any other sexual assault;
___	___	Sexual conduct with a minor of any kind;
___	___	Abuse of a minor or child of any kind;
___	___	Endangerment of a child;
___	___	Debauching a minor;
___	___	Contributing to the delinquency of a child;
___	___	Public indecency
___	___	Prostitution, pandering, or keeping a place of prostitution;
___	___	Assault or battery;
___	___	Kidnapping, false imprisonment or abduction;
___	___	Child pornography; or
___	___	Any criminal offense in which a minor was a victim or a witness; or
___	___	Any "felony conviction" as defined in Nebraska Department of Education Rule 21, Section 3.11 (attached); or
___	___	Any "misdemeanor conviction" as defined in Nebraska Department of Education Rule 21, section 3.12 (attached)

EXPLANATION (if you answered "yes" to any of the above, or are not absolutely sure that a "no" answer for any of the above was accurate, you must set forth an explanation in the lines below (or in an attachment if necessary) giving an explanation of the situation and the applicable date.

_____

_____

The above statements are true and complete to the best of my knowledge.

Date:_____

Signature of applicant:_____

Nebraska Department of Education
Rule 21
Sections 3.11 and 3.12

TITLE 92
CHAPTER 21

003.11 For purposes of this Chapter, felony conviction as referenced in sections 004.01D, 005.01D, and 007.01D means any felony offense under the laws of any jurisdiction, including misdemeanor convictions in other jurisdictions that would constitute a felony if committed in Nebraska.

003.12 For purposes of this Chapter, a misdemeanor conviction involving abuse, neglect, or sexual misconduct as referenced in Sections 004.01D, 005,01D, and 007.01D means an offense under the laws of any jurisdiction, which, if committed in Nebraska, would constitute one of the following misdemeanors (with the applicable sections of the Revised Statutes of Nebraska in parenthesis):

003.12A	Assault (third degree) (28-310)
003.12B	Stalking (28-311.03)
003.12C	Hazing (28.311.06)
003.12D	False Imprisonment (28-315)
003.12E	Sexual Assault (third degree) (28.320)
003.12F	Abandonment of Spouse or Child (28-705)
003.12G	Child Abuse (28-707)
003.12H	Contributing to the Delinquency of a Child (28-709)
003.12I	Prostitution (28-801)
003.12J	Keeping a Place of Prostitution (28-804)
003.12K	Debauching a Minor (28-805)
003.12L	Public Indecency (28-806)
003.12M	Sale of Obscene Material to a Minor (28-808)
003.12N	Obscene Motion Picture Show, Admitting Minor (28-809)
003.12O	Obscene Literature Distribution (28-813)
003.12P	Sexually Explicit Conduct (28-813.01)
003.12Q	Resisting Arrest (28-904 (1) (a)), when the conviction involves use or threat of physical force or violence against a police officer
003.12R	Indecency with an Animal (28-1010)
003.12S	Intimidation by Phone Call (28-1310)

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

One Source, The Background Check Company Fax 1-800-929-8117, Attn: Laura Belyea
(Agency/Facility Requesting Check)

P.O. Box 24148, Omaha, NE 68124 Attn: LAURA BELYEA / LBELYEA@onesourcebackground.com
(Address – Street, City) **If not on letterhead**

(Signature of Applicant/Employee) (Date Signed)

(Print or Typed Name of Applicant/Employee) (Social Security Number)

Other Names Used in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Other Addresses in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Complete Addresses **REQUIRED** (City/State/Zip).

Names of Children Who Have Lived With You.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

(Date of Applicant's Birth) (Home Address of Applicant/City/State/Zip)

(Witness Signature) (Date Witnessed)