

ASHLAND-GREENWOOD PUBLIC SCHOOLS
1225 CLAY STREET
ASHLAND NEBRASKA 68003
(402) 944-2128
http://www.agps.org

APPLICATION FOR CERTIFIED PERSONNEL

Applicant's Full Name _____
(Last) (Maiden) (First) (MI) (Suffix)

Present Mailing Address _____
(Street) (City) (State) (Zip)

Email Address _____

Permanent Mailing Address (if different then above) _____
(Street) (City) (State) (Zip)

Telephone
Present: _____ Permanent: _____ Work: _____

Social Security Number _____ (Note: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

CERTIFICATION

A. Do you hold a Nebraska Certificate, **(please submit a photocopy)**

Type of NE Certificate: _____ Rank: _____ Level: _____

Expiration Date of Nebraska Certificate _____ Endorsement(s) _____

B. If you do not hold a Nebraska certificate have you applied for one? No ____ Yes ____ When _____

C. If you have been issued a certificate in another state, **please submit a photocopy.**

State _____ Expiration Date _____ Certification/Endorsements _____

D. [Out of State Certificate Holders Only] Have you taken the Pre-Professional Skills Test (PPST)? No ____ Yes ____

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

Indicate positions you are interested in order of preference:

Indicate activities which you are qualified to coach or sponsor:

PERSONNEL USE ONLY

**THIS APPLICATION WILL BE KEPT ON ACTIVE FILE FOR ONLY 12 MONTHS
UNLESS YOU HAVE CONTACTED US AND UPDATED THE INFORMATION**

EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance (Mo/Yr) From ...To
High School						
College or University						-
						-
						-
						-
						-

STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)

Name of School	School Division City/County	State	Grade Level and/or Subject	Date	Supervisor

TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING)

Name of School	School Division City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Yr (From...To)	Full Time (F) Part Time (P)	Supervisor
				-		
				-		
				-		
				-		
				-		

WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment	Supervisor
				-	
				-	
				-	

MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Dates of Employment
		to

REFERENCES

Please provide the School District the names of **at least three** references who can provide information about your ability to perform the job for which you are applying. Your primary supervisor in your most recent teaching position should be included. If your most recent experience was as a student teacher please include both your cooperating teacher and your college's supervising professor.

NAME OF REFERENCE	POSITION/RELATIONSHIP	MAILING ADDRESS (Include City, St and Zip)	PHONE NUMBER

PERSONAL DISCLOSURE

Respond to EACH item. If there is no response to any item or if upon request you fail to complete authorization for a background check you 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.

Are you a U.S. citizen? No Yes If not, are you eligible to work in the United States? No Yes

Are you under contract in another district? No Yes If yes, where _____

Present Position _____

If not under contract now, have you ever held a continuing teaching contract in Nebraska.....No Yes

If yes, cite school districts(s) and date(s) _____

Have you ever been refused tenure or a continuing contract? (If yes, explain below or attach explanation).....No Yes

Have you ever had a certificate, permit or license revoked, terminated, suspended or received a private or public reprimand or admonishment from the Nebraska Department of Education or other licensing agency or been subject to a judicial restraining or contempt order or had a professional practice complaint filed against you?

(If yes, explain below or attach explanation)...No Yes

I affirm that NONE of the information identified in the questions above in any way involved any of the following: (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 (k) any offense in which a minor was a victim or witness. True Not True (If not true, explain below or attach explanation)

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 a minor traffic violation, answer "Yes") (If yes, explain below or attach explanation) No Yes

NOTE: Criminal convictions are not an absolute bar to employment but will be considered only in relation to specific job requirements. You may provide an explanation on another sheet of paper or in the Additional Remarks section.

OTHER INFORMATION

Provide any additional information you desire that will afford an increase understanding of your qualifications, philosophy and other background factors that may be special interest.

ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VI GENERAL INFORMATION

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, and I understand that any omission, falsely answered statements made by me on this application, or on any supplement to this employment application will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Date _____ Signature of Applicant _____