

HEMINGFORD PUBLIC SCHOOL DISTRICT
PO Box 217, 911 Niobrara Ave
Hemingford, NE 69348-0217
(308) 487-3328

APPLICATION FOR CERTIFIED PERSONNEL

Applicant's Full Name _____
Last First

Present Mailing Address _____
Street City State Zip

Permanent Mailing Address _____
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 NE 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. Have you taken the Pre-Professional Skills Test? No _____ Yes _____

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

Indicate activities which you are qualified to coach:

- _____ **Teacher** _____ **Administrator**
- _____ **Counselor** _____ **Special Ed Teacher**
- _____ **Librarian/Media** _____ **Psychologist**
- _____ **Other (Explain)** _____ **Substitute**

List grade level and/or subject areas in order of preference:

Administration Use Only _____

EDUCATION AND PROFESSIONAL TRAINING (List chronologically)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Date of Attendance From ... To
High School						
College						

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 Div City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates From.. To	Total Years	Full Time	Part Time	Supervisor

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

Employer	City/County	State	Kind of Work	Dates From ... To	Supervisor

MILITARY EXPERIENCE

BRANCH OF SERVICE	OCCUPATIONAL SPECIALIST (MOS)	INCLUSIVE DATES

GENERAL INFORMATION

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 contract in Nebraska? No ___ Yes ___

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

Have you ever been refused tenure or a continuing contract? (If yes, explain. Use back if needed) No ___ Yes ___

Have you ever had a certificate or license revoked or suspended? (If yes, explain) No ___ Yes ___

Have you been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape of a child?
(If yes, explain on back) No ___ Yes ___

Have you ever been employed by this school district? No ___ Yes ___

List any local school board members, employee relative(s) in this school district and cite relationship _____

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.

NAME OF REFERENCE	POSITION/RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER

