

IV. WORK EXPERIENCE

Include all of your last five employers, and all employers for the last 15 years, starting with your current or most recent employer.

Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state of full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

V. SKILLS

List Technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied. Identify other credentials, licenses, professional affiliations, ect. relevant to the Position(s)

If required for the Position, do you have a valid driver's license? ___Yes___No

VI. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship	Contact Info: Telephone & Complete Mailing Address

VII. QUESTIONS

Directions: Please answer each of the questions below as best as you can. If more space is needed please attach additional pages. If you are typing your answers, please respond to at least one question in your own handwriting.

1. Eligibility for hire:

- Are you currently employed? ___ Yes ___ No

If yes, give name of employer & why do you wish to leave your current position?

1. Are you eligible to work in the United States? ___ Yes ___ No
2. Are you 18 years of age or older? ___ Yes ___ No
3. Do you have any condition (physical, mental, or otherwise) which prevents you from performing the essential functions of any of the positions for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of positions at Boyd County Schools.) ___ Yes ___ No If Yes, describe:

2. Interest in Boyd County Schools:

- Have you previously filed a written application for employment with Boyd County Schools? ___ Yes ___ No If Yes, give date(s) and positions for which you applied:

- Why do you want to be employed at Boyd County Schools?

- What experiences have you had with Boyd County Schools or the communities of Naper, Butte, Spencer and Lynch?

3. Prior History

- Have you ever had failed or refused to fulfill a contract of employment with any employer? ___ Yes ___ No. If Yes, describe:

- Have you ever had a certificate or license for work purposes denied or revoked? ___ Yes ___ No. If yes, describe:

4. Self-Evaluation

- Describe your employment strengths and abilities and personal characteristics which will apply to your position:

- Describe your weakness/areas in which you feel you need to improve:

- Describe your future plans and goals in employment & your plans for remaining at our school if hired:

APPLICANT'S CERTIFICATION OF
PAST DRUG AND ALCOHOL TEST RESULTS

Required by Federal Law

During the past two years before this application, I:

___ Did ___ Did not (*check applicable blank*) TEST POSITIVE OR REFUSE TO SUBMIT to any pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules.

If I did test positive or refuse to submit, then I further certify that I:

___ Did ___ Did not ___ N/A (*check applicable blank*) complete the return-to-duty process of the DOT agency drug and alcohol testing rules. I agree that it is my responsibility to provide the School District with documents establishing completion of such process before I may perform safety-sensitive functions for the School District.

APPLICANT CERTIFICATION

In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this information is material to my hiring and that my failure to provide true and complete information concerning the time period in question will automatically disqualify me for a position with the School District or in the event that I am hired, subject me to immediate termination.

Signature of Applicant

Print Name

Date

CRIMINAL BACKGROUND CHECK

**Boyd County Schools
Background Check Authorization
P.O. Box 109
Spencer, Nebraska 68777**

I understand that Boyd County Schools may request an investigative consumer report for purposes related to employment. This report may include information as to my character, reputation, personal characteristics and mode of living. The investigation may include obtaining information from public and private sources about my: criminal history, military record, employment record, volunteer experience record, driving record, workers compensation record, and credit record.

I authorize and give consent to Boyd County Schools conducting such an investigation, directly or through a third party, at time of application for employment and during the course of employment. 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 further authorize and give consent to any person or entity which is requested to provide information to Boyd County Schools or its agent to release and disclose to Boyd County Schools or its agent any and all information or records requested regarding me as described above. I release any person or entity which provides information or records in furtherance of this Authorization from any and all claims or liability for compliance other than for intentionally providing inaccurate or false information.

I understand that the information obtained in the investigation will be held in confidence in accordance with Boyd County Schools guidelines. Medical and workers compensation information will only be requested as part of the investigation and considered in employment decisions to the extent permitted by the Americans with Disabilities Act (ADA) and other laws. In the event the investigation is conducted by a third party at Boyd County Schools request, and a negative employment decision is made based upon the third party's report, I will be accorded by right under the Fair Credit Reporting Act (e.g., I will be given the contact information for the third party, advised that the third party did not make the employment decision, have a right to a copy of the report from the third party upon request and have a right to dispute the accuracy or completeness of the report).

I consent to the information set forth below and the information provided in my application or my employee file being used for identification purposes in requesting records or information related to the investigation.¹

Printed Legal Name of Prospective or Current Employee _____	Birth Date _____
Legal Signature of Prospective or Current Employee _____	Date _____
Other Legal Names used (including Maiden): _____	
Current Address: _____	

¹ A copy (including photocopy of facsimile copy) of this Authorization may be used as an original.