

**Application for Employment**  
(Classified Position)

Position Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

Last Name

First Name

Middle Initial

Present Address (Number and Street) \_\_\_\_\_

City

State

Zip

Telephone Number(s): Home ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS**

- I am a high school graduate or hold a GED
- I can understand and follow verbal directions
- I can understand and follow written directions
- I have not been convicted of a crime involving physical or sexual abuse
- I can, after being hired, verify my legal right to work in the United States

**If you have checked all the boxes above, please continue to the second page  
If any box above is unchecked, please submit the application now.**



## EDUCATION AND TRAINING

List any education which you feel will help you do the job for which you have applied:

School	Location	# Years Completed	Graduation Yes / No / Date	Diploma, Certificate, Degree Earned

## WORK EXPERIENCE

Employer, Address, Supervisor	Phone	Dates From/To	Position Held	Salary	Reason for Leaving

## EMPLOYMENT REFERENCES

Name	Occupation	Complete Address	Day Phone

Have you served in the United States Armed Forces?     Yes     No

If yes, please give dates of military service: From \_\_\_\_\_ To \_\_\_\_\_

Branch? \_\_\_\_\_

Summarize nature of work performed: \_\_\_\_\_

Are you claiming veterans' preference?     Yes     No

If yes, a copy of your DD Form 214 must be attached to this application and additional documentation must be provided upon request to determine eligibility. This position is subject to a veterans preference. The School District shall give a preference to eligible veterans, veterans' spouses, and/or servicemembers' spouses as required by law. If employment is conditioned on passing an examination, eligible individuals who obtain passing scores on all parts or phases of the

examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled veteran.

This application is current for only 60 days. At the conclusion of this time, if you have not heard from ESU 10 and still wish to be considered for employment, it will be necessary to fill out a new application.

Misrepresentation or willful omissions may be sufficient cause for disqualification of this application or termination of employment. I hereby authorize ESU 10 to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

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Signature

Return to : Educational Service Unit 10  
P.O. Box 850  
Kearney, NE 68848-0850

Educational Service Unit 10 does not discriminate based on sex, race, color, national origin, creed, age, marital status, disability, pregnancy, religion, or other legally protected status. Inquires and grievances may be directed to the Administrative Assistant, ESU 10, P.O. Box 850, Kearney, NE 68848-0850, 308-237-5927; or to the Region VII Office of Civil Rights, Department of Education, Kansas City, MO. The Title IX Coordinator is Dr. Melissa Wheelock, who may be contacted in person, by mail, by telephone, or by electronic mail at ESU 10, 76 Plaza Blvd., Kearney, NE 68848 or [mwheelock@esu10.org](mailto:mwheelock@esu10.org)

**CONSENT TO PROVIDE EMPLOYMENT HISTORY  
TO PROSPECTIVE EMPLOYERS**

I, \_\_\_\_\_ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

1. Date and duration of employment;
2. Pay rate and wage history on the date of receipt of this consent;
3. Job description and duties;
4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;
5. Attendance information;
6. Results of drug or alcohol tests administered within one year prior to the request for information;
7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
9. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Criminal History Disclosure and  
Acknowledgment and Authorization  
For Criminal Background Check**

**Criminal History Disclosure**

Have you been convicted of a felony or misdemeanor in the last seven years?                       Yes                       No

(Convictions do not necessarily bar you from employment, but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The ESU is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: \_\_\_\_\_

**Acknowledgment and Authorization for Criminal Background Check**

As a condition of my candidacy for employment with the ESU, I understand that the ESU will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the ESU, or any other company authorized by the ESU, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the ESU, or any other company authorized by the ESU, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Driver's License Number and State: \_\_\_\_\_

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