

# Application for Certificated Personnel Syracuse-Dunbar-Avoca Public Schools

An Equal Opportunity/Affirmative Action Employer  
550 7<sup>th</sup> Street  
Syracuse, NE 68446  
Phone: (402) 269-2383  
Fax: (402) 269-2224

**POSITION APPLYING FOR:** \_\_\_\_\_

### PERSONAL & CONTACT INFORMATION

Name \_\_\_\_\_  
*First*
*Middle*
*Last*
*(Maiden)*

Address: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_

### EDUCATIONAL PREPARATION:

Degree Earned: \_\_\_\_\_ Hours Above Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Endorsements: \_\_\_\_\_

College or University: \_\_\_\_\_

**\* Attach photocopy of current teaching certificate. (Front and back)**

Sport or student activity you would feel qualified to coach or sponsor?

Sport 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Activity 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Describe Your Experiences/Success/Qualifications for marked activities:

### EDUCATIONAL WORK EXPERIENCE—Include at least the last five employers

Years Taught	Position	Grades and Subject Taught & Extracurricular Duties	Name and Mailing Address of School	Reason for Leaving

**REFERENCES**

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught in the past 15 years. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals who have been associated with your student teaching. Indicate with an (\*) any reference which is included in your credentials.

Name	Position	Contact Info: Telephone & Complete Mailing Address

**NOTE:** Please have references sent. Be certain that they are up to date. It is important to include evaluations from principals, superintendents, or supervisors under whom you have taught or worked.

**VETERAN PREFERENCE**

If you wish to be considered for a Veterans Preference please indicate \_\_\_ Yes \_\_\_ No, and submit the appropriate documentation with your application. Note: This section is optional; you need to request a Veterans Preference even if you are eligible, and if you do not request the preference, you need not submit information about your veteran status.

1. **Applicant Veteran?** \_\_\_ Yes \_\_\_ No. If yes, submit DD Form 214.
2. **Disabled Veteran?** \_\_\_ Yes \_\_\_ No. If yes, submit DD Form 214 and Veteran’s disability verification.
3. **Spouse of 100% Disabled Veteran?** \_\_\_ Yes \_\_\_ No. If yes, submit DD Form 214, veteran’s disability verification and proof of marriage.
4. **Spouse of Veteran on active duty at this time or within 180 days of the spouse’s discharge or separation of service.**  
\_\_\_ Yes \_\_\_ No.

**QUESTIONS**

Directions: Please answer each of the questions below as best 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.

**Eligibility for hire:**

- Are you now under contract? \_\_\_Yes \_\_\_No.

If yes, with which school are you under contract & why do you wish to leave your current position?

\_\_\_\_\_

- 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 certificated positions at Syracuse-Dunbar-Avoca Public Schools.)

\_\_\_ Yes \_\_\_ No. If yes, describe: \_\_\_\_\_

**Prior History:**

- Have you ever had failed or refused to fulfill a contract of employment with any school district? \_\_\_Yes \_\_\_No.

If yes, describe: \_\_\_\_\_

- Have you ever had a diploma, credential, or certificate denied or revoked? \_\_\_Yes \_\_\_No.

If yes, describe: \_\_\_\_\_

**Interest in School District #27:**

- Why do you want to be employed at School District #27
  
  
  
  
  
  
  
  
  
  
- What experiences have you had with School District #27 or the community of Syracuse

**Personal and Professional Self-Evaluation:**

- Describe an effective Teacher:
  
  
  
  
  
  
  
  
  
  
- Describe your professional strengths and abilities and personal characteristics that will apply to your position:
  
  
  
  
  
  
  
  
  
  
- Describe your weakness/areas in which you feel you need to improve:
  
  
  
  
  
  
  
  
  
  
- Describe what kind of relationship you would like to have with students:

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**This professional application is only one part of your application file. To complete your application, the following need to be provided: letter of application, resume, transcripts, credentials or three letters of recommendation, and a copy of a valid Nebraska teaching certificate.**

**PERSONAL DISCLOSURE**

Respond to EACH item. If there is no response to any item, or if the required attachments do not accompany your application, your application 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.

- 1. Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse?  
Yes\_\_\_\_ No \_\_\_\_
- 2. If you answered “Yes” to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the each ticket, charge, or arrest (use an attachment if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency or been subject to a judicial restraining or contempt order?  
Yes\_\_\_\_ No \_\_\_\_
- 4. If you answered “Yes” to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the each situation (use an attachment if needed):  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment?  
Yes\_\_\_\_ No\_\_\_\_
- 6. If you answered “Yes” to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.  
\_\_\_\_\_  
\_\_\_\_\_

Note: School policy requires that a criminal history record information check be completed prior to employment.

**VERIFICATION**

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. I understand it is my responsibility to immediately provide updated, correct information if any of the information changes at any time. I understand that any omission, falsification or misrepresentation made by me on this application or any supplement will be sufficient grounds for failure to employ me or for my discharge should I become employed with the school district. I understand that disclosure of social security number is optional. It will be used to conduct background checks for employment purposes and for personnel and payroll processing and required reporting if I am employed.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

**It is the policy of Syracuse-Dunbar-Avoca Public Schools to not discriminate on the basis of sex, handicap or disability, race, color, religion, marital status, veteran status, or national or ethnic origin, or on the basis of genetic information, in its educational programs, admission policies, employment policies or other administered programs. This position is subject to a veterans preference. Persons requiring accommodations to apply and/or be considered for positions with Syracuse-Dunbar-Avoca Public Schools are asked to make their request to the Superintendent.**



**APPLICANT DISCLOSURE AND  
AUTHORIZATION FORM  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE  
SIGNING AUTHORIZATION]**

***DISCLAIMER: This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.***

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Syracuse-Dunbar-Avoca Public Schools (“The Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history including current position, worker’s compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [**One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com**]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE PRINT LEGIBLY**

*This information will be used for background screening purposes only and will not be used for any other purpose*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Driver’s License #: \_\_\_\_\_ State of Driver’s License: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

All Previous Addresses in the Last Seven (7) Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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