

**Superior Public Schools**  
PO Box 288  
Superior, NE 68978  
PHONE: 402-879-3257; FAX: 855-529-4534  
WEBSITE: www.superiorwildcats.org

**APPLICATION  
FOR EMPLOYMENT**

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Please type or print in ink only

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Superior Public Schools ("School District") is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance.

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Position Applied For

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Date of Application

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Last Name

First Name

Middle Initial

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Present Address (Number and Street)

City

State

Zip

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Telephone Number(s): Home (      )

Cell (      )

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Email Address:

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**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.**

## EMPLOYMENT EXPERIENCE

**Start with your current or last job and complete the information below.  
(Attach additional sheets if necessary)**

Employer Name	Address (Street, City, Zip)	Employed	From	To
Job Title	Supervisor	Supervisor Phone No.		
Starting Wage	Ending Wage	Reason for Leaving		
Summarize nature of work performed				

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Job Title	Supervisor	Supervisor Phone No.	
Starting Wage	Ending Wage	Reason for Leaving	
Summarize nature of work performed			

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. 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.

**EDUCATIONAL BACKGROUND**  
**(Attach additional sheets if necessary)**

High School Name and Location	9 _____ 10 _____ 11 _____ 12 _____	
	(mark highest grade completed)	
Community College	School / Location	Course of Study
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School	School / Location	Course of Study
Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University	School / Location	Course of Study

Graduated?    ____ Yes            ____ No	Degree Obtained?    ____ Yes    ____ No		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Seminars / Other</td> <td style="width: 50%; border: none;">Please describe</td> </tr> </table>		Seminars / Other	Please describe
Seminars / Other	Please describe		

**SPECIAL SKILLS**

Computer Skills (please explain your level of proficiency below):

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the School District.

**REFERENCES**

**(List three individuals familiar with your work ability. Do not include relatives.)**

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person

**APPLICANT'S STATEMENT**

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment, but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

**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 School District 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 School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the School District, or any other company authorized by the School District, 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 School District, or any other company authorized by the School District, 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: \_\_\_\_\_