

CENTRAL CITY PUBLIC SCHOOLS
1510 28TH STREET
PO BOX 57
CENTRAL CITY, NE 68826-0057

Please read the application packet carefully in order
to be informed about the employment process in the
Central City Public Schools.

APPLICATION FOR SUBSTITUTE TEACHING POSITIONS

Date _____

Name _____ Last _____ First _____ Middle _____

Present Address _____ Telephone _____

_____ E-mail _____

Permanent Address _____

NEBRASKA TEACHING CERTIFICATE: Enclose photocopy of current teaching certificate.

Type _____ Grade Level _____ Expiration date _____

Endorsements: 1) _____ 2) _____ 3) _____

Please list all grades and/or subjects available to substitute for:

1. _____
2. _____
3. _____
4. _____
5. _____

Teaching Experience:

| From Mo. Yr. | To Mo. Yr. | School | Location | State | Grade and/or Subject |
|-----------------|---------------|--------|----------|-------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

PERSONAL DATA:

Have you ever been convicted of a felony? Yes_____ No_____

Information provided by you in this part WILL NOT automatically bar you from employment with Central City Public Schools, but will be considered in view of all relevant circumstances.

If yes, please provide details including the type of crime, court indicted in, and date of conviction.

Are you currently employed? Yes_____ No_____ If yes, _____
Employer's name, address, and zip code

Date available to work with Central City Public Schools:_____

If you have ever been employed by the Central City Public Schools in any capacity, what was the position and when were you employed?

My signature below authorizes the school district to conduct a background investigation once it has been determined that I meet the requirements of the position and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.

Furthermore, 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, and I understand that any omission, falsification or misrepresentation made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

_____ day _____, 20_____

Legal Signature of Applicant

EOE

The Central City Public Schools does not discriminate on the basis of race, color, national origin, gender, marital status, disability, or age in admission or access to, or treatment of employment, in its programs and activities. The following person has been designated to handle inquires regarding complaints, grievance procedures or the application of these policies of nondiscrimination:

*Central City Superintendent
1510 28TH STREET
Central City, NE 68826*

If parents, employees, and students do not feel that their complaints regarding Title IX, Title VI, and Section 504 have met with resolution at the local level, they can appeal their grievances to the regional Department of Education, Office of Civil Rights at the address listed below:

*Office of Civil Rights
8930 Ward Parkway, Suite 2037
Kansas City, MO 64114
(816)823-1404; TDD 800-437-0833*



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

Central City 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: _____