

APPLICATION FOR EMPLOYMENT



Isanti Community School
206 Frazier Ave. East
Niobrara, NE 68760

(402) 857-2741 • fax (402) 857-2743

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a member of Administration.

Name: _____ Social Security # ____ - ____ - ____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: (____) ____ - ____ Mobile/Other Phone # (____) ____ - ____

Position(s) Applied for: _____ Date of Application ____/____/____

If necessary, best time to call you at home is: _____ am or pm

May we contact you at work? _____ If **no**, please explain. _____

Have you submitted an application here before? _____ If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? _____ If **yes**, give dates _____

Are you legally eligible for employment in this country? _____ Date available for work. _____

What is your desired hourly rate of pay? \$ _____

Type of Employment desired: Full-Time Part-Time Temporary UNL Career Ladder Other

Will you work overtime if required _____

Driver's license number required if driving may be required in the job for which you are applying.

_____ State _____

EMPLOYMENT HISTORY - Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: _____ to _____
		Final Compensation
Street Address	City/State	\$ _____ per _____
Starting job title/final job title		Immediate Supervisor & title
Why did you leave?		
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about the position?		
Employer	Telephone # ()	Dates employed: _____ to _____
		Final Compensation
Street Address	City/State	\$ _____ per _____
Starting job title/final job title		Immediate Supervisor & title
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Why did you leave?		
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about the position?		

EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? _____

If **yes**, please explain _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- Word Processing _____ Years: _____
 E-mail _____ Years: _____
 Spreadsheet _____ Years: _____
 Internet _____ Years: _____
 Presentation _____ Years: _____

EDUCATIONAL BACKGROUND

Starting with your most recent school attended provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		___ Diploma ___ GED ___ Associates Degree ___ Bachelor's Degree ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Associates Degree ___ Bachelor's Degree ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Associates Degree ___ Bachelor's Degree ___ Certification _____ ___ Other _____		
		___ Diploma ___ GED ___ Associates Degree ___ Bachelor's Degree ___ Certification _____ ___ Other _____		

RELATED INFORMATION

List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, sex, religion, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

Is there any other job-related information you want us to know about you?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that the federal immigration laws require me to complete and I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____