



# HOLDREGE PUBLIC SCHOOLS

## Administrative Personnel Application

505 14<sup>th</sup> Avenue, PO Box 2002

Holdrege, Nebraska 68949-2002

Phone: (308) 995-8663

Fax: (308) 995-6956

PLEASE TYPE OR PRINT IN INK

Last Name	First	Middle	Social Security Number
Present Address		City & State	Zip Code
Phone			Date
Other Address or Contact Information To Reach You:			

### POSITION DESIRED:

<input type="checkbox"/> Elementary Principal (K-4)	
<input type="checkbox"/> Middle School Principal (5-8)	Do you have a middle level (4-9) endorsement? <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Activities Director (K-12)	
<input type="checkbox"/> High School Principal (9-12)	
<input type="checkbox"/> Curriculum Director/Staff Development Director	
<input type="checkbox"/> Special Services Director (Special Education, ELL, HAL)	

### Check any of the following in which you have additional training or expertise:

<input type="checkbox"/> Computers/Technology	<input type="checkbox"/> Athletics	<input type="checkbox"/> Gifted	<input type="checkbox"/> Assessment
<input type="checkbox"/> Title/Reading Recovery	<input type="checkbox"/> Reading	<input type="checkbox"/> Behavior/Discipline	
<input type="checkbox"/> Curriculum/Instruction	Other: (please specify)		

### Explain your additional training and/or expertise from above:

**I. PROFESSIONAL PREPARATION/TEACHING EXPERIENCE**

**TEACHING EXPERIENCE:**

Type of Experience	FTE	Where	Dates

**COLLEGE WORK RESULTING IN DEGREE:**

Name & Location of Institution	Major	Degree	Year Graduated

List involvement in organizations and activities in the communities in which you have worked. Include awards, offices held, etc:

--

## II. ADMINISTRATIVE EXPERIENCE

START WITH MOST RECENT

School Name	Address	Phone
Supervisor	Dates of Employment: (be specific)	Salary
Your Position		FTE
Duties & Responsibilities		
Reason for Leaving		

School Name	Address	Phone
Supervisor	Dates of Employment: (be specific)	Salary
Your Position		FTE
Duties & Responsibilities		
Reason for Leaving		

School Name	Address	Phone
Supervisor	Dates of Employment: (be specific)	Salary
Your Position		FTE
Duties & Responsibilities		
Reason for Leaving		

School Name	Address	Phone
Supervisor	Dates of Employment: (be specific)	Salary
Your Position		FTE
Duties & Responsibilities		
Reason for Leaving		

<b>Total Years of Teaching Experience</b>		<b>Total Years of Administrative Experience</b>	
---	--	---	--

### III. CERTIFICATION

ATTACH COPY OF TEACHING CERTIFICATE AND COPY INFORMATION DIRECTLY FROM THE CERTIFICATE FOR BLANKS BELOW

<input type="checkbox"/> <b>Valid Nebraska Teaching Certificate – ID#:</b>	Expiration Date:
<b>Check all applicable:</b> <input type="radio"/> Teaching <input type="radio"/> Administrator <input type="radio"/> Specialist	
<b>Check One:</b> <input type="radio"/> Initial <input type="radio"/> Standard <input type="radio"/> Professional <input type="radio"/> Substitute <input type="radio"/> Local Substitute <input type="radio"/> Other	
<b>Endorsements</b>	
1.	5.
2.	6.
3.	7.
4.	8.
<input type="checkbox"/> <b>Valid Teaching Certificate – Other State</b> (provide specific information and attach copy)	

### IV. NON-TEACHING WORK EXPERIENCE

Please complete the following section if there has been a break in your education experience:

Name & Address of Employer	Dates From -To	Job Title Duties & Responsibilities	Name of Supervisor

### V. CONCLUDING QUESTIONS

Directions: The following questions are an important part of the screening process. Please reflect carefully and provide candid responses. Please answer on separate sheets of paper and attach to the application. Please do not exceed a maximum of two pages (total for all questions combined) with a minimum font size of 10 and .5 inch margins.

1. What are your most important reasons for wanting to be an administrator?
2. Describe your leadership style.
3. How would you help teachers and staff improve student achievement?
4. In what ways have you demonstrated instructional leadership in your school and/or district?
5. Why do you want an administrative position in the Holdrege Public Schools?

## VI. REFERENCES

List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position(s) you seek other than those listed in your credential file. Include especially supervisors, principals, and superintendents under whom you have worked in the past fifteen years.

Name	Official Position	
Address	City & State	Zip Code
Phone	Email	

Name	Official Position	
Address	City & State	Zip Code
Phone	Email	

Name	Official Position	
Address	City & State	Zip Code
Phone	Email	

Name	Official Position	
Address	City & State	Zip Code
Phone	Email	

**NOTICE OF NONDISCRIMINATION**  
***Holdrege Public Schools District #69-0044 is an Equal Opportunity Employer***

Holdrege Public Schools District #69-0044 does not discriminate on the basis of gender, race, national origin, marital status, age or disability in admission to, or treatment of, or employment in, its programs and activities. It is the intent of Holdrege Public Schools to comply with both the letter and the spirit of the law in making certain discrimination does not exist in its policies, regulations, and operations. Grievance procedures have been established for anyone who feels discrimination has been shown by Holdrege Public Schools. These procedures can be obtained by contacting Building Principals or the Superintendent. Inquiries concerning the application of the Holdrege Public Schools policy of nondiscrimination should be directed to the Superintendent of Schools, 505 14<sup>th</sup> Avenue, PO Box 2002, Holdrege, Nebraska 68949, telephone (308)995-8663.

**VII. APPLICANT COMPLETES FOR BACKGROUND CHECK**

**Release Authorization**

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

**I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Holdrege Public Schools District #69-0044, or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.**

**The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.**

PLEASE PRINT

Last Name	First Name	Middle Initial (Required)
Social Security #	Driver's License #	License State of Issue
Date of Birth	Name as it appears on Driver's License	
Other <u>LEGAL</u> names you have used, including <u>MAIDEN</u> name(s):		
Home Address		
City	State	Zip

*Other addresses if less than 7 years at home address: (use back of sheet for additional addresses)*

Address	City	State	Zip

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
--------------------------------	--------------

**Background Check**

I understand that as a condition of my employment, that there will be a background check.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize a background check to be completed.

<b>Signature of Applicant:</b>		<b>Date:</b>
Printed or typed Name of Applicant/Employee:		Social Security #:
Home Address		Date of Birth:
City	State/Zip	

<b>Please print or type other Names Used in the past twenty (20) years:</b>

<b>Please print or type all addresses in the past twenty (20) years:</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Please print or type Names of Children that have lived with you:</b>

<b>Witness Signature:</b>	<b>Date Witnessed:</b>
---------------------------	------------------------

**This release becomes void ninety (90) days after signature by Applicant/Employee.**

### VIII. PERSONAL DISCLOSURE

RESPOND TO EACH ITEM. If there is no response to any item, or if the required attachments are not included, or if the application is not signed, 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. <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever received a ticket, been charged with an offense, or been arrested for anything other than a minor traffic violation? (If you are unsure if a ticket, charge or an arrest was for a minor traffic violation, answer "YES"). If you answered yes to Question #1, you must explain each situation, including location(s), date(s), agency(ies) involved, and the outcome of each ticket, charge, or arrest. (Please attach and label your explanation.)
2. <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency (e.g., Nebraska Department of Education) or been subject to a judicial restraining or contempt order? If you answered yes to Question #2, you must attach an explanation of each situation including dates, location, agencies involved, and the outcome of each situation.
3. <input type="checkbox"/> True <input type="checkbox"/> Not True	I affirm that NONE of the information identified in Questions #1 and #2 in any way involved any of the following: (a) a felony; (b) rape, including statutory rape, or any other sexual assault; (c) sexual conduct with a minor of any kind; (d) abuse of a minor or child of any kind; (e) endangerment of a child or debauching of a minor; (f) public indecency; (g) prostitution, pandering, or keeping a place of prostitution; (h) assault or battery; (i) kidnapping, false imprisonment or abduction; (j) child pornography; or (k) any offense in which a minor was a victim or witness.
4. <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a citizen of the United States?
5. <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you need any accommodations for interviewing? If yes, what type:
6. <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a former employee of Holdrege Public Schools? If yes, indicate date of separation:
7. <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you presently under contract?
	If yes, indicate District:
	Date available to begin work with Holdrege Public Schools:

### IX. 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 to it will be sufficient grounds for failure to employ me or for my discharge should I become employed with the school district.

I understand that the disclosure of my social security number is optional. It may be used to conduct background checks for employment purposes and for personnel and payroll processing.

<b>Legal Signature of Applicant:</b>	<b>Date:</b>
--------------------------------------	--------------