

**Falls City Public Schools
Administrative Application**

**1415 Morton Street
Falls City, NE 68355
Phone: 402-245-2825
Fax: 402-245-2022**

Date of Application: ___/___/___

Name: _____ Social Security No.: _____
Last First M.I.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone Number: () _____ Message Number: _____

Position Desired (Be Specific): _____

Certificate in force: _____
Type of Certificate State Date Issued Date Expires

Endorsements: _____

EDUCATION:	Name and Location of Schools	Date Inclusive	Degrees or Diploma	Major Field	Other Endorsements or Fields
High School					
College or University					
Graduate College or University					
Other					

ADMINISTRATIVE/TEACHING EXPERIENCE:	Name and Location of Schools	Date Inclusive	Description of Position
Student Teaching:			

Extra Duty Experience: _____

References: Give three references who have knowledge of your character, personality, scholarship, and education experience.

Name	Official Position	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

List experiences (other than those listed under education and administrative/teaching experiences) you have had in working with children or young people, such as scouting, church, camps, volunteer work, etc. _____

Professional and Civic Organizations and Activities: _____

State briefly in long hand why you desire this position: _____

State here anything you might think applicable but overlooked elsewhere: _____

If you have a Conditional Permit and do not yet hold a Nebraska Certificate, please explain: _____

Have you ever had a teaching credential, license, or other document authorizing school service or teaching, suspended, revoked, voided, denied, rejected, or voluntarily surrendered? Yes _____ No _____ If yes, where?

Have you ever been found guilty of a felony or misdemeanor or entered a plea of guilty or no contest to a felony or misdemeanor? (Minor traffic infractions, and misdemeanor conviction for Driving Under the Influence or Minor in Possession of Alcohol need not be reported.)

Yes _____ No _____

Note to Applicant: Responding "yes" to either of the two previous questions is not an automatic bar to employment. The date of the offense and the relationship between the offense and the position for which you are applying will be considered.

Applicant Statement

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I authorize the district to investigate all the statements on this form, and I understand that false or misleading statements may be reason for not hiring and cause for termination if determined false or misleading after my employment.

_____ Day of _____, 20____

Legal Signature of Applicant

Equal Opportunity Employment

It is the policy of this school district to provide equal employment opportunities to all applicants and employees on the basis of individual qualifications and merit without regard to race, creed, sex, color, age or national origin.