



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

PHONE: (402) 287-2061

FAX: (402) 287-2065

www.esu1.org

Employment Application – Certified, Licensed, Professional

APPLICATION MUST BE COMPLETED IN FULL

Note: Please download application into *Adobe Reader* and make an entry in every space. Use N/A if it does not apply.

Section I – General

General Information	Date: _____ Position Desired: _____
	First Name: _____ M.I. _____ Last Name: _____
	Please list other names, if applicable, under which you have been employed: _____
	Telephone Numbers:
	Work: (_____) _____ Home: (_____) _____ Cell: (_____) _____
	Address: _____ (Street/P.O. Box) _____ (City) _____ (State) _____ (Zip Code) _____
	Permanent Address: _____ (Street/P.O. Box) _____ (City) _____ (State) _____ (Zip Code) _____
	Email Address: _____
	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you prevented from lawfully becoming employed in the United States due to Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II – Education

Education	HIGH SCHOOL EDUCATION	Year of Graduation: _____
	(High School) _____ (City) _____ (State) _____	
	COLLEGE EDUCATION	Year of Graduation: _____
	(Institution) _____ (City) _____ (State) _____	Type of Degree: _____
	Area of Study: _____	
	(Institution) _____ (City) _____ (State) _____	Year of Graduation: _____
	Area of Study: _____	Type of Degree: _____
(Institution) _____ (City) _____ (State) _____	Year of Graduation: _____	
Area of Study: _____	Type of Degree: _____	
Graduate Credit Hours Earned Beyond Degree _____ Area of Study: _____		

Section III – Training, Certification and Licensure

<i>Training/Certification</i>	Type of Certification now held: <input type="checkbox"/> None
	<input type="checkbox"/> Valid Nebraska teaching certificate
	Type: _____ Rank: _____ Level: _____ Expiration Date: _____
	Endorsements: 1) _____ Level: _____ 2) _____ Level: _____
	3) _____ Level: _____ 4) _____ Level: _____
<input type="checkbox"/> Valid Certificate – other state (please specify) _____	
Please list any additional education, training, certification and/or experience specifically relevant to position: _____	

Section IV – Employment Experience

<i>Employment Experience</i>	Most Recent Employer: _____ Supervisor: _____
	Address: _____ (Street/P.O. Box) (City) (State) (Zip Code)
	Telephone Number: (_____) _____ Position Held: _____
	Dates of Employment: _____ to _____ Salary: _____
	Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Duties: _____
	Employer: _____ Supervisor: _____
	Address: _____ (Street/P.O. Box) (City) (State) (Zip Code)
	Telephone Number: (_____) _____ Position Held: _____
	Dates of Employment: _____ to _____ Salary: _____
Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties: _____	
Employer: _____ Supervisor: _____	
Address: _____ (Street/P.O. Box) (City) (State) (Zip Code)	
Telephone Number: (_____) _____ Position Held: _____	
Dates of Employment: _____ to _____ Salary: _____	
Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties: _____	
Have you ever failed or refused to fulfill a contract of employment with any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please specify: _____	

Section V – Professional References

<i>Professional References</i>	Name: _____	Daytime Phone No: (_____) _____
	Relationship: _____	Alternate Phone No: (_____) _____
	Name: _____	Daytime Phone No: (_____) _____
	Relationship: _____	Alternate Phone No: (_____) _____
	Name: _____	Daytime Phone No: (_____) _____
	Relationship: _____	Alternate Phone No: (_____) _____

Section VI – Personal Disclosure

Respond to EACH item. If there is no response to any item, or if the required attachments do not accompany your application, 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. Have you ever received a ticket, been charged with an offense, been arrested or been convicted for a criminal offense relating to sexual or physical abuse? Yes No
2. If “Yes”, please explain each situation including location(s), date(s), agency(ies) involved, and the outcome of each ticket, charge, or arrest (use an attachment if needed): _____

3. Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency or been subject to a judicial restraining or contempt order? Yes No
4. If “Yes”, please attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of each situation (use an attachment if needed): _____

5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes No
6. If “Yes”, please explain each situation including the name of the employer(s), date(s) and reason(s) for the resignation or termination. _____

Section VII – Consent and Certification

I HEREBY AUTHORIZE Educational Service Unit #1 to make any investigation of my personal history and criminal records through any investigative agencies of their choice. This includes any educational institution, government agency, Child/Abuse/Neglect Registry or any other person having any records or information concerning me to furnish such records or information requested to Educational Service Unit #1. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through interviews of persons with whom I am acquainted. This investigation may include, but is not limited to, such information as criminal or civil convictions, driving records, previous employment and education, personal references, professional references and other appropriate sources.

I FURTHER AUTHORIZE AND GIVE CONSENT to anyone contacted for the purpose of obtaining such information during the course of the investigation as described above to provide relevant information and opinions about me and to release and discuss all records and information they may have pertaining to my consideration for employment at Educational Service Unit #1. Such persons may include, but are not limited to, individuals listed as references, previous employers, law enforcement agencies and the courts. I hereby release such persons who may give or receive information pursuant to this authorization from any legal liability and from any and all claims of any kind. I further waive my right of access to any such information or any liability with its release or use.

I FURTHER 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 will be sufficient grounds for failure to employ me or for my discharge should I become employed with Educational Service Unit #1. I understand that disclosure of social security number is optional. It will be used to conduct background checks for employment purposes and for personnel and payroll processing and required reporting if I am employed.

I UNDERSTAND that any offer of employment may be conditioned on a criminal background check and that any offer of employment is subject to action of the ESU #1 Board and execution of a written contract/agreement of employment.

Complete application and supporting documentation provided will be retained for one year from the date of receipt.

Educational Service Unit #1 does not discriminate based on gender, race, national origin, creed, age, marital status, sexual orientation, veteran status or disability. This position is subject to a veteran's preference. Persons requiring accommodations to apply and/or be considered for positions with Educational Service Unit #1 are asked to make their request to the Administrator. Inquiries and grievances may be directed to the Administrator at Educational Service Unit #1, 211 Tenth Street, Wakefield, NE 68784-5014, (402) 287-2061.

Signature: _____ Date: _____

**ELECTRONIC SUBMISSION CONSTITUTES AGREEMENT AND SIGNATURE
AN ORIGINAL SIGNATURE MAY BE REQUIRED UPON EMPLOYMENT**

**RETURN BY MAIL TO:
Attn: Personnel Office
Educational Service Unit #1
211 Tenth Street
Wakefield, NE 68784-5014.**

**RETURN BY E-MAIL TO:
applications@esu1.org**

All personally identifiable data items received by Educational Service Unit #1 as a part of the foregoing application will be considered confidential and maintained in a manner that will assure confidentiality. Personally identifiable data items, such as credentials, references, etc., shall not be released to another party or class of parties without your prior written permission.

