



Aurora Public Schools District 4R

300 L Street, Aurora, NE 68818

Phone: 402-694-6923 opt 5 Fax: 402-694-5097

www.aurorahuskies.us

APPLICATION FOR EMPLOYMENT

Please type or Print in ink only

Aurora Public School ("School District") District 4R is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance. The Title IX Coordinator is Mr. Jeff Sutter, who may be contacted in person, by mail, by telephone, or by electronic mail at 300 L Street, Aurora, NE 68818, 402-694-6968, or jsutter@4rhuskies.org.

Position Applied For

Date of Application

Last Name	First Name	Middle Initial
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Present Address (Number and Street)	City	State	Zip
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Telephone Number(s): Home ()	Cell ()
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*Email Address: _____

(Required)

CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- I am a high school graduate or hold a GED
- I can understand and follow verbal directions
- I can understand and follow written directions
- I have not been convicted of a crime involving physical or sexual abuse
- I can, after being hired, verify my legal right to work in the United States

**If you have checked all the boxes above, please continue to the second page
If any box above is unchecked, please submit the application now.**

Have you ever been employed with us before? Yes No

If yes, provide date(s) _____ to _____
and Department _____

Are you under 18 years of age? Yes No

If you are under the age of 18, you may need to supply the School District a work permit or limit our hours to those permitted by law.

May we contact your current employer? Yes No

Have you ever been terminated from employment? Yes No

Have you ever been notified of possible cancellation, termination or non-renewal of employment?
 Yes No

If yes, please explain the circumstances:

Have you ever resigned to avoid being notified of possible cancellation, termination or non-renewal of your employment? Yes No

If yes, please explain the circumstances:

Have you ever had a complaint filed against you with the Professional Practices Committee of the Nebraska Department of Education? Yes No

If yes, please explain the circumstances and outcome:

Specify days and hours for which you are available: _____

Date available to start work: _____

If the job you are applying for requires a valid driver's license, please complete the information below:

Number: _____ **State** _____ **Regular** _____ **CDL** _____

Do you have any relatives presently employed by the School District? Yes No

If yes, give names, divisions and relationship: _____

Are you willing to work overtime, if required? Yes No

Are you willing to work different shifts, if required? Yes No

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment, but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

EMPLOYMENT EXPERIENCE

**Start with your current or last job and complete the information below.
(Attach additional sheets if necessary)**

Employer/Organization Name	Address (Street, City, State, Zip)
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Employed From: _____ To: _____ Job Title: _____

Supervisor: _____ Supervisor Phone No: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Summarize nature of work performed: _____

Employer/Organization Name	Address (Street, City, State, Zip)
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Employed From: _____ To: _____ Job Title: _____

Supervisor: _____ Supervisor Phone No: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Summarize nature of work performed: _____

Employer/Organization Name	Address (Street, City, State, Zip)
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Employed From: _____ To: _____ Job Title: _____

Supervisor: _____ Supervisor Phone No: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Summarize nature of work performed: _____

Employer/Organization Name

Address (Street, City, State, Zip)

Employed From: _____ To: _____ Job Title: _____

Supervisor: _____ Supervisor Phone No: _____

Starting Wage: _____ Ending Wage: _____ Reason for Leaving: _____

Summarize nature of work performed: _____

Have you served in the United States Armed Forces? Yes No

If yes, please give dates of military service: From _____ To _____

Branch _____

Summarize nature of work performed: _____

Are you claiming veterans' preference? Yes No

If yes, a copy of your DD Form 214 must be attached to this application. Veterans who obtain passing scores on all parts or phases of an examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled veteran.

EDUCATIONAL BACKGROUND

(Attach additional sheets if necessary)

High School Name & Location _____ 9 10 11 12
(Mark highest grade completed)

Community College School / Location Course of Study
Graduated: Yes No Degree Obtained: Yes No Degree: _____

Trade School School / Location Course of Study
Graduated: Yes No Degree Obtained: Yes No Degree: _____

College / University School / Location Course of Study
Graduated: Yes No Degree Obtained: Yes No Degree: _____

Seminars / Other Please describe _____

SPECIAL SKILLS

Computer Skills (please explain your level of proficiency below):

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the School District.

REFERENCES

(List three individuals familiar with your work ability. Do not include relatives.)

Name	Address (Street, City, State, Zip)	Phone No.	Relationship to Person

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

Signature

Date

***CONSENT TO PROVIDE EMPLOYMENT HISTORY
TO PROSPECTIVE EMPLOYERS***

I, _____ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

1. Date and duration of employment;
2. Pay rate and wage history on the date of receipt of this consent;
3. Job description and duties;
4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;
5. Attendance information;
6. Results of drug or alcohol tests administered within one year prior to the request for information;
7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
9. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.

Applicant's Signature: _____

Date: _____

Print Name: _____

DRUG FREE WORKPLACE

The following Position Statement on a Drug Free Workplace has been adopted by the Board of Education of the Aurora Public Schools. (Policy 4116.25)

1. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance during working hours is prohibited by any personnel of the Aurora Public Schools. The use of such substances by the personnel of the Aurora Public Schools during working hours poses a danger to the students and other school personnel.

2. Prohibited drug activity on school premises or at any school sponsored activity or event by Aurora Public School personnel shall include engaging in the unlawful possession, selling, dispensing of look alike drugs, controlled substances, or alcoholic liquor. Look alike drugs are those drugs which are not controlled substances but are represented as such. Personnel who are guilty of drug abuse violations in the workplace shall be given a list of agencies for drug counseling and rehabilitation. Employees of the Aurora Public Schools shall have appropriate personnel action taken against them, up to and including termination in the event of drug use, as defined herein, on school premises or at any school sponsored activity or event.

3. Employee(s) of the Aurora Public Schools shall have available to them a copy of this policy relating to a drug-free work environment. It shall be a condition of employment with the District that all employees abide by the terms of this policy. Any employee of the Aurora Public Schools shall notify the administration of any criminal drug statute conviction for violation occurring in the workplace no later than five (5) days after such conviction. Within thirty (30) days of receiving notice from an employee of the Aurora Public Schools who has been convicted of any criminal drug statute occurring in the workplace, appropriate personnel action against such employee, up to and including termination, or requiring such employee, at the employee's expense, to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency shall occur.

I have read and understand the Drug-Free Workplace Requirements of Aurora Public Schools Policy.

Signature of Applicant: _____

DATE: _____

Print Name: _____

Criminal History Disclosure and Acknowledgment and Authorization For Criminal Background Check

Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years? **Yes** **No**

(Convictions do not necessarily bar you from employment, but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The School District is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: _____

Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the Aurora Public School District, or any other company authorized by the School District, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the School District, or any other company authorized by the Aurora Public School District, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

Printed Name: _____

Other Names Used: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

*Email: _____
(Required)

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____ Driver's License Number and State: _____

Signature: _____ Date: _____

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with Aurora Public Schools, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver’s license number, your name, your address and medical or disability information), workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records [criminal information/criminal history], from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledged:

Signature

_____/_____/_____
Date

Printed Full Name

AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by APS (“Company”) and its consumer reporting agency Essential Screens (“Agency”). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, work experience, education, accidents, licensure, credit, my driving record (which will include all or part of the following information: photograph, social security number, driver’s license number, your name, your address and medical or disability information), workers’ compensation claims, judgments, bankruptcy proceedings, evictions, and criminal records [criminal information/criminal history].

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Essential Screens at (888) 494-9188.

Printed Full Name: _____

Signature: _____

Date: ____/____/____

Email: _____; I do not have or want email _____ (Initial)

If “no”, list mailing address: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____

Driver’s License No.: _____; State of Issue: _____

Other Names Used: _____

INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Essential Screens (“Agency”), 1828 N. Webb Road, Grand Island, NE 68803, telephone number (888) 494-9188, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California two years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.essentialscreens.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in driving records includes information that identifies you, such as your photograph, social security number, driver’s license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

Signature

_____/_____/_____
Date

Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee, contractor or volunteer, or for any other business need as defined by Section 604 of the Fair Credit Reporting Act.

Reports may include consumer credit, criminal convictions, motor vehicle, social media and other reports. These reports may include information as to your character, general reputation, personal characteristics, work habits, performance, mode of living, education and experience along with reasons for termination of employment from previous employers. Further understand that we may be requesting information for various Federal, State and other agencies which maintain records concerning your past activities relating to your driving, credit, criminal, civil and other experiences.

(Applicant: Please retain for your records)

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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative Business Manager/Admin Assistant	
Last Name of Employer or Authorized Representative VAUGHT		First Name of Employer or Authorized Representative KIMBERLY	Employer's Business or Organization Name Aurora Public Schools	
Employer's Business or Organization Address (Street Number and Name) 300 L Street		City or Town Aurora	State NE	ZIP Code 68818

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.