

# Classified Employment Application



HASTINGS PUBLIC SCHOOLS  
 1924 West A Street  
 Hastings, NE 68901  
 Phone: 402-461-7502  
 Fax: 402-461-7509  
 hastingspublicschools.org

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

Have you been employed with us previously?  Yes  No If yes, what position: \_\_\_\_\_

Are you currently employed?  Yes  No If yes, present employer: \_\_\_\_\_

Date available to begin work for HPS: \_\_\_\_\_

Have you ever been cited and/or convicted of a crime involving sexual or physical abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country?  Yes  No  
 (proof of citizenship or immigration status will be required upon employment)

Are you a U.S. Veteran or the spouse of a U.S. Veteran?  Yes  No

If spouse of a U.S. Veteran, is the Veteran one hundred percent disabled?  Yes  No

## Education

Type of School	Name of School and Complete Mailing Address	No of Years Completed	Major or Degree
High School			
College, Business, or Trade School			
Graduate School			
Other (specify)			

**Previous Employment (list up to 3)**

**1.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Present wage or salary: \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer?  Yes  No

**2.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Present wage or salary: \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer?  Yes  No

**3.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Present wage or salary: \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company: \_\_\_\_\_

May we contact this employer?  Yes  No

Describe any specialized training, apprenticeships, skills, or experiences: \_\_\_\_\_

**Please list 2 references other than relatives and previous employers**

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: \_\_\_\_\_

## Applicant's Acknowledgement and Agreement

By checking the box below, applicant authorizes each school district to conduct an investigation of candidate pursuant to the School Code to determine whether applicant has been convicted of any criminal or drug offense as set forth in such statute, and upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that a hiring School District perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize the use of any information in the application to verify my asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I agree to all of the terms above.

I agree

I do not agree

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date