ANSLEY PUBLIC SCHOOL 1124 CAMERON STREET PO BOX 370 ANSLEY, NE 68814

Please read the application packet carefully in order to be informed about the employment process in the Ansley Public Schools.

NON-CERTIFIED APPLICATION FORM

Social Security Number			D	Date		
Name						
Last First Present Address				Middle Telephone		
1 1 000000						
Permanent Address				elephone		
Identify posi	ition applied for 1)		2)	·		
Do you have	a current driver's license?	·	_ Are you a	n America	n Citizen?	
	manual labor, or other phy PERIENCE – including pro					
From To Mo/Yr Mo/Yr	Employer/Address/Phone No.	Job Title	Supervisor	Rate of Pay	Reason for Leaving	
	. •					
•						

INSTITIUTIONS ATTENDED:

School	Name & Location of Institution	Degree or Hours	Year Graduated	How Long Attended
High School				
College				
Trade School				
Post Graduation			-	
List involvement	in organizations and activities offices held, etc.	s in high scho	ol, college, and	community.

List involvement in organizations and activities in high school, college, and community.					
Include awards, offices held, etc.					
, ····,	, , , , , , , , , , , , , , , , , , , ,				

REFERENCES:

List below names and addresses of persons who are qualified to answer concerning your qualifications for the position you seek. Include supervisors and co-workers with whom you have worked in the past.

Name	Position	Complete Mailing Address Required	Phone Number
		(Include Zip Code)	
	- · · · · · · · · · · · · · · · · · · ·		~~.
			·

PERSONAL DATA:
Have you ever been convicted of a felony? Yes No
Information provided by you in this part WILL NOT automatically bar you from employment with Ansley Public Schools, but will be considered in view of all relevant circumstances.
If yes, please provide details including the type of crime, court indicted in and date of conviction.
Are you currently employed? Yes No
Employer's name, address, and zip code
At what hourly rate will you accept?
Date available to work with Ansley Public Schools:
If you have ever been employed by the Ansley Public Schools in any capacity, what was the position and when were you employed?
My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.
Furthermore, 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, and 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 or for my discharge should I become employed with the school district.
day . 20

EOE/AA

The Ansley Public Schools does not discriminate on the basis of race, color, national origin, gender, marital status, disability, or age in admission or access to, or treatment of employment, in its programs and activities.

If parents, employees and students do not feel that their complaints regarding Title IX, Title VI, and Section 504 have met with resolution at the local level, they can appeal their grievances to the regional Department of Education, Office of Civil Rights at the address listed below:

Legal Signature of Applicant

Office of Civil Rights 8930 Ward Parkway, Suite 2037 Kansas City, MO 64114

(816) 823-1404: TDD 800-437-0833

Authorization

	consumer report(s) and investigative consumer and its consumer reporting				
report(s) by and its consumer reporting agency, Essential Screens. If hired (or contracted), this authorization shall remain on fill and shall serve as ongoing authorization fort					
procure such reports at any time during	my employment, contract, or volunteer period.				
I understand that I have rights under the Fathe Summary of Rights. It is available to d	air Credit Reporting Act, and I acknowledge receipt of lownload when I sign this document.				
I authorize communication with me to provide me with of such report. If I do not have an email a will be by U.S. Mail, which will result in s	and Agency to use emainth notices and information regarding any report or use address or do not wish to share it, then communication lower communication.				
If you have any questions concerning this be Essential Screens 1821 North Webb Road, Suite 1 Grand Island, NE 68803	background screening content, please contact:				
Printed Full Name:					
Signature:					
Date:/					
Email:	; I do not have or want email				
If "no", list mailing address:					