



PLATTSMOUTH EDUCATION FOUNDATION

APPLICATION for EMPLOYMENT

I confirm my answers to the questions in this employment application are accurate and complete. I understand that if I have omitted any material fact or have given any false information on this application, I may be disqualified from employment with the Plattsmouth Education Foundation, or if hired, I may be discharged upon discovery of any omission or false statement.

I authorize Plattsmouth Education Foundation to contact all employers, references, or institutions listed, to request information regarding my dates of employment, job description, reason or reasons for termination, information regarding disciplinary actions, and any reports on file with the Child Abuse/Neglect Central Registry.

I consent to the named persons or institutions furnishing such information orally or in writing. I understand in executing this authorization I waive the right of such information to be privileged or private.

Signature of Applicant

Date

Social Security #: ____/____/____

This application will remain in the active file for six (6) months unless reviewed by the applicant.

YOU WILL RECEIVE FURTHER COMMUNICATION IF INVITED FOR AN INTERVIEW.

References are thoroughly investigated. Your application authorizes the Plattsmouth Education Foundation to obtain criminal history record information that relates to you from any law enforcement agency. Vacancies are filled by selection of the best applicants available. The Plattsmouth Education Foundation does not discriminate on the basis of race, color, religion, gender, age, disability, marital status, or national origin when hiring employees.

PERSONAL INFORMATION

Last Name First Name Middle Name

Street Address City State Zip Code

(____) _____
Telephone

(____) _____
Alternate Phone

Is the name on your Social Security Card the same as the name given above? Yes ___ No ___

If No, please clarify name, _____

Have you ever been convicted of any crime or of a misdemeanor charge involving immoral behavior? Yes ___ No ___

Please explain a Yes answer _____

Do you have any physical condition or disability that would limit your ability to perform the job you are applying for?

Yes ___ No ___ Please explain a Yes answer _____

Position Applying For: Site Director _____ Child Care Assistant _____

Pre-K Elementary
(Circle appropriate level)

When are You Available? _____

EDUCATION

HIGH SCHOOL ATTENDED _____ Highest grade finished _____
POST SECONDARY SCHOOL _____ Number of Years Attended _____
Course of Study _____ Degree Obtained _____
OTHER TRAINING (training preparation: CPR, First Aid, Computer, etc.) _____

EMPLOYMENT (List most recent first, attach additional page if necessary)

1. EMPLOYER _____ SUPERVISOR'S NAME _____ PHONE _____

Position Held and Responsibilities _____
DATE HIRED _____ DATE RESIGNED _____ SALARY _____
REASON FOR LEAVING _____

2. EMPLOYER _____ SUPERVISOR'S NAME _____ PHONE _____

Position Held and Responsibilities _____
DATE HIRED _____ DATE RESIGNED _____ SALARY _____
REASON FOR LEAVING _____

ATTACH TWO (2) LETTERS OF REFERENCE **PROVIDE:** Name, Address, Position (if co-worker), & phone number

In your opinion, What should the number one goal be to have a good before and after school program for children?

In your opinion, What must a person do to be a good employee at our Before & After School Program?

In your opinion, What do you think is the most important activity for kids after school?

In your opinion, What do you believe parents think is the most important activity for kids after school?

What experience do you have in child care? _____

Have you ever been employed by Plattsmouth Education Foundation (POPS Place) or Plattsmouth Community Schools in the past?
Yes_ No__ If Yes, When and in what position? _____

ADDITIONAL COMMENTS or INFORMATION You would like us to know when considering your employment.

OFFICE USE ONLY

DATE INTERVIEWED _____ COMMITTEE MEMBERS _____

APPLICANT HIRED _____

DATE EMPLOYED _____

COMMENTS _____