

**Application for Classified Personnel**  
**Boyd County Public Schools**  
An Equal Opportunity/Affirmative Action Employer

P.O. Box 109  
Spencer, NE 68777  
Phone: 402-589-2040  
Fax: 402-589-2041

*Please type or print your responses in ink.*

**I. PERSONAL & CONTACT INFORMATION**

Name \_\_\_\_\_  
                    *First*                    *Middle*                    *Last*                    *(Maiden)*  
Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
                    *Street*                    *City*                    *State*                    *Zip*  
Permanent Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(If different from present address) *Street*                    *City*                    *State*                    *Zip*  
Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No. Are you a former Boyd County Schools employee? Date of separation \_\_\_\_\_  
Date available to work with Boyd County Schools \_\_\_\_\_

**II. POSITION DESIRED**

For what position(s) are you applying? If more than one area, mark first choice 1, second choice 2, etc.:

\_\_\_\_\_

**III. EDUCATION**

**A. SECONDARY SCHOOL(S) ATTENDED and GED: \_\_\_\_ Yes \_\_\_\_ No**

Name of School	Grades Attended	Special Honors or Recognition

**B. COLLEGE or UNIVERSITIES ATTENDED and OTHER POST-SECONDARY EDUCATIONAL PROGRAMS**

Name of Institution (City, State)	Major	Hrs	Minor	Hrs	Year Graduated	Degree	GPA (4.0 scale) & Special Honors or Recognition

**IV. WORK EXPERIENCE**

Include all of your last five employers, and all employers for the last 15 years, starting with your current or most recent employer.  
Omission of prior employment or false reasons for leaving may be considered falsification of information.

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

**Work Experience Continued:**

Start Date	End Date	Position (also state if full or part-time)	Duties	Name, Mailing Address and Telephone of Employer	Reason for Leaving

**V. SKILLS**

List technical skills, clerical skills, trade skills relevant to the Position(s) for which you have applied. Identify other credentials, licenses, professional affiliations, etc. relevant to the Position(s)


If required for the Position, do you have a valid driver's license? Yes No

**VI. REFERENCES**

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek.

Name	Relationship (e.g. supervisor, friend)	Contact Info: Telephone & Complete Mailing Address

**VII. QUESTIONS**

Directions: Please answer each of the questions below as best you can. If more space is needed please attach additional pages. If you are typing your answers, please respond to at least one question in your own handwriting.

**1. Eligibility for hire:**

•Are you currently employed? Yes No.

If yes, give name of employer & why do you wish to leave your current position? \_\_\_\_\_

•Are you eligible to work in the United States? Yes No. •Are you 18 years of age or older? Yes No.

•Do you have any condition (physical, mental, or otherwise) which prevents you from performing the essential functions of any of the positions for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of positions at Boyd County Public Schools) Yes No.

If yes, describe: \_\_\_\_\_

**2. Interest in Boyd County Public Schools:**

•Have you previously filed a written application for employment with Boyd County Public Schools Yes No.

If yes, give date(s) and position for which you applied: \_\_\_\_\_

•Why do you want to be employed at Boyd County Schools? \_\_\_\_\_

•What experiences have you had with Boyd County Public Schools or the communities of Naper, Butte, Lynch, and Spencer? \_\_\_\_\_

**3. Prior History:**

•Have you ever had failed or refused to fulfill a contract of employment with any employer? Yes No. If yes, describe: \_\_\_\_\_

•Have you ever had a certificate or license for work purposes denied or revoked? Yes No.

If yes, describe: \_\_\_\_\_

**4. Self-Evaluation:**

•Describe your employment strengths and abilities and personal characteristics which will apply to your position: \_\_\_\_\_

•Describe your weakness/areas in which you feel you need to improve: \_\_\_\_\_

•Describe your future plans and goals in employment & your plans for remaining at our school if hired: \_\_\_\_\_

## VIII. 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 you answered "Yes" to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the 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 you answered "Yes" to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the 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 you answered "Yes" to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.  
\_\_\_\_\_  
\_\_\_\_\_

Note: School policy requires that a criminal history record information check be completed prior to employment.

## VIII. VERIFICATION

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. 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 the school district. 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 further understand that employment in a classified position would be on an at will basis, terminable at will.

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

Date: \_\_\_\_\_, 20\_\_

It is the policy of **Boyd County Public Schools** to not discriminate on the basis of sex, handicap or disability, race, color, religion, marital status, veteran status, or national or ethnic origin in its educational programs, admission policies, employment policies or other administered programs. Persons requiring accommodations to apply and/or be considered for positions with **Boyd County Public Schools** are asked to make their request to the Superintendent.