

# Application for Classified Personnel

## Bayard Public Schools

An Equal Opportunity/Affirmative Action Employer  
Positions are subject to a veterans preference.

726 4<sup>th</sup> Avenue, PO Box 607  
Bayard, NE 69334  
Phone: 308-586-1325  
Fax: 308-586-1638

*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 Bayard Public Schools employee? Date of separation \_\_\_\_\_  
 Date available to work with Bayard Public 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 DIPLOMA/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

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**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 Bayard Public Schools.) \_\_\_Yes \_\_\_No.

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

**2. Interest in Bayard Public Schools:**

●Have you previously filed a written application for employment with Bayard Public Schools? \_\_\_Yes \_\_\_No.

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

●Why do you want to be employed at Bayard Public Schools? \_\_\_\_\_

●What experiences have you had with Bayard Public Schools or the community of Bayard? \_\_\_\_\_

**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 Bayard 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 Bayard Public Schools are asked to make their request to the Superintendent.**

**FOR CDL REQUIRED POSITIONS ONLY  
APPLICANT’S CONSENT**

**TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS**

***Required by Federal Law***

I, \_\_\_\_\_ (*insert applicant's name*), understand that as a condition of hire with Bayard Public Schools (*School District*) I must give the School District written Consent to obtain the results of all DOT-required drug and/or alcohol tests (including my refusals to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test during the past two (2) years. I also understand that the School District requires me to consent to access to the same information concerning any non-DOT driver drug and/or alcohol tests which I took during this same period of time. I have also been advised and understand that my signing of this consent does not guarantee me a job or guarantee that I will be offered a position with the School District.

Below I have listed all of the companies for which I worked as a driver, or for which I took a pre-employment driver position drug and/or alcohol test during the past two (2) years. I hereby consent to the School District obtaining from those companies, and I hereby consent to those companies furnishing to the School District, all requested information concerning my drug and alcohol tests, including:

- (i) all DOT and non-DOT alcohol test results of 0.04 or greater during the past two (2) years;
- (ii) all verified positive DOT and non-DOT drug test results during the past two (2) years;
- (iii) all instances in which I refused to submit to a DOT-required drug and/or alcohol test during the past two (2) years
- (iv) any other violations of DOT agency drug and alcohol testing regulations during the past two (2) years; and
- (v) documentation of successful completion of DOT return-to-duty requirements (including follow-up tests) in the event of a violation of a DOT drug and alcohol testing regulations during the past two (2) years.

I specifically authorize the companies to fully complete the School District's Report of Past Drug and/or Alcohol Test Results form.

The following is a list of all of the companies for which I worked as a driver, or for which I took a pre-employment driver position drug and/or alcohol test, during the past two (2) years;

**Company name**

**Dates worked for/took pre-employment test**

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**APPLICANT CERTIFICATION**

I have carefully read and fully understand this Consent to release my past drug and alcohol test results. In authorizing the release of my test results, I consent and agree to waive any physician-patient privilege that may otherwise exist with respect to the confidentiality of my drug and alcohol test results. I further release the Company and its medical review officer, and any officer, employee or agent of the Company whose disclosure of the results is in accordance with this release from any and all claims or causes of actions which may result from the disclosure of such test results to the person or persons identified on this release form.

I signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or for which I took a pre-employment drug and/or alcohol test, as a driver during the past two years. I understand that this information is material to my hiring and that my failure to provide true and complete information will automatically disqualify me for a position with the School District or, in the event that I am hired, subject me to immediate termination. Further, I understand that in the event of a receipt of a report of past drug and/or alcohol violation, any conditional offer of employment will be revoked and in the event I have been hired, any employment will be automatically ended.

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

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**FOR CDL REQUIRED POSITIONS ONLY**

**APPLICANT'S CERTIFICATION OF  
PAST DRUG AND ALCOHOL TEST RESULTS**  
*Required by Federal Law*

During the past two years before this application, I:

Did  Did not (*check applicable blank*) **TEST POSITIVE OR REFUSE TO SUBMIT** to any pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules.

**If I did test positive or refuse to submit, then I further certify that I:**

Did  Did not  N/A (*check applicable blank*) complete the return-to-duty process of the DOT agency drug and alcohol testing rules. I agree that it is my responsibility to provide the School District with documents establishing completion of such process before I may perform safety-sensitive functions for the School District.

**APPLICANT CERTIFICATION**

In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this information is material to my hiring and that my failure to provide true and complete information concerning the time period in question will automatically disqualify me for a position with the School District or in the event that I am hired, subject me to immediate termination.

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*Signature of Applicant*

*Print Name*

*Date*