

**Application for Certificated Personnel**

**Bayard Public Schools**

726 4<sup>th</sup> Avenue, PO Box 607

Bayard, NE 69334

www.bayardpublicschools.org

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A complete application shall consist of the following documents. Other materials may be added should the applicant wish.

1. Letter of Application
2. Current Resume
3. Three Letters of Recommendation
4. Original or Copy of Transcripts from Each College/University Attended
5. Copy of Teaching Certificate
6. Completed Application Form
7. Consent to Provide Employment History to Prospective Employers

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Complete all requested information regardless of whether or not it is included in attachments. Applications will not be considered complete unless all questions are answered. Incomplete applications may not be considered for screening.

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**(Type or Print Legibly)**

DATE: \_\_\_\_\_

|            |        |      |                 |
|------------|--------|------|-----------------|
| First Name | Middle | Last | <i>(Maiden)</i> |
|------------|--------|------|-----------------|

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS:

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HOME ADDRESS

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE & MOBILE PHONE: \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_

NAME OF SCHOOL DISTRICT/ BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISOR & PHONE NUMBER: \_\_\_\_\_

PROFESSIONAL PREPARATION

HIGHEST DEGREE EARNED: \_\_\_\_\_

COLLEGE & LOCATION \_\_\_\_\_

| OTHER COLLEGES ATTENDED | LOCATION | ENDORSEMENT | DEGREE |
|-------------------------|----------|-------------|--------|
|                         |          |             |        |
|                         |          |             |        |
|                         |          |             |        |
|                         |          |             |        |
|                         |          |             |        |

TYPE OF TEACHING CERTIFICATE HELD: \_\_\_\_\_

EXPIRATION DATE OF CERTIFICATE: \_\_\_\_\_

My major field of study in College was \_\_\_\_\_

I have a minor in \_\_\_\_\_

I am endorsed to teach \_\_\_\_\_

Grade levels in which I am endorsed to teach \_\_\_\_\_

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OUT OF STATE APPLICANTS MUST DETERMINE ELIGIBILITY FOR NEBRASKA CERTIFICATION.

CONTACT: Nebraska Teacher Certification Office  
Nebraska Department of Education  
301 Centennial Mall South  
Lincoln, NE 68509

TELEPHONE: 402.471.2496

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SUMMARY OF EXPERIENCE: List all previous work experiences in reverse chronological order. Please include both school and non-school experiences. Additional pages may be added if necessary.

| INSTITUTION AND LOCATION | POSITION | FROM/TO YEARS | REASON FOR LEAVING |
|--------------------------|----------|---------------|--------------------|
|--------------------------|----------|---------------|--------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Are you presently under contract? \_\_\_\_\_

Has your employer been notified of your application? \_\_\_\_\_

Will you be available by August 1, of the upcoming school term? \_\_\_\_\_

1. Has your certificate ever been revoked? \_\_\_\_\_  
(If yes, please explain.)

2. Have you ever been involved in a termination, cancellation and/or non-renewal hearing? \_\_\_\_\_  
(If yes, please explain.)

3. Have you ever failed reappointment to a teaching or administrative contract which you held? \_\_\_\_\_  
(If yes, please explain.)

4. Have you ever been convicted of a felony and/or misdemeanor other than traffic violations? \_\_\_\_\_  
(If yes, please explain.)

5. Have you ever been sanctioned by the Nebraska Professional Practice Commission or by a similar board or commission in any other state whose duty is to investigate or adjudicate the alleged violation of professional standards of behavior for teachers and/or administrators? \_\_\_\_\_  
(If yes, please explain.)

6. Have you ever been charged with a misdemeanor or felony crime of any type, wherein it was alleged that you engaged in any type of sexual misconduct, child abuse/neglect, or child endangerment? \_\_\_\_\_  
(If yes, please give the name and location of the court where the charge was filed, state how the charges were resolved, and state the nature of the penalty, if any, which was imposed against you.)

**PLEASE READ THE FOLLOWING SECTION, DATE, AND SIGN**

I hereby authorize the investigation of all information supplied by me and release Bayard Public Schools of all liability based on this investigation. I also release all former employers, education institutions, personal references, or any other parties contacted, from all liability in releasing information. I understand that any omission or misrepresentation of facts will be cause for dismissal.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REFERENCES: Please list five (5) people you believe have the best insight regarding your teaching ability.**

| NAME  | CURRENT TELEPHONE | WORKING RELATIONSHIP |
|-------|-------------------|----------------------|
| _____ | _____             | _____                |
| _____ | _____             | _____                |
| _____ | _____             | _____                |
| _____ | _____             | _____                |

**The applicant certifies that the information contained on this form and in any attachments made thereto is true and correct to the best of his/her knowledge. The applicant understands and agrees that the falsification of information on this form or attachments submitted with this form shall be considered unprofessional conduct and grounds for contract cancellation at the time the falsehood is discovered.**

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

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

Certificated Personnel Applications will be kept on file at Bayard Public Schools for one year.

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**This application and supporting material should be forwarded to one of the following:**

**Elementary Applications:**

Mr. Travis Miller, Superintendent of Schools  
Bayard Public Schools  
726 4<sup>th</sup> Avenue, PO Box 607  
Bayard, NE 69334

Telephone: 308.586.1325

Fax: 308.586.1638

[travis.miller@bpstigers.org](mailto:travis.miller@bpstigers.org)

**Secondary Applications:**

Mr. Thomas Perlinski, Secondary Principal  
Bayard Public Schools  
726 4<sup>th</sup> Avenue, PO Box 607  
Bayard, NE 69334

Telephone: 308.586.1700

Fax: 308.586.1638

[thomas.perlinski@bpstigers.org](mailto:thomas.perlinski@bpstigers.org)

**Bayard Public School District is an Equal Opportunity Employer**