

Application for Teacher's Aid
Happy Hearts of Immanuel PreSchool

An Equal Opportunity/Affirmative Action Employer

27052 County Road 12
 Hooper, NE 68031

Phone: (402) 654-3563
 Email: ilc1876@midlands.net

I. PERSONAL & CONTACT INFORMATION

Name <i>First, Middle, Last (Maiden):</i>	Telephone:
Present Address <i>Street City State Zip :</i>	
Permanent Address: (If different from present address)	Telephone:
Social Security Number:	
Email address:	

II. EDUCATION

A. HIGH SCHOOL(S) ATTENDED or GED

Name of School (City, State)	Grades Attended	Diploma & Special Honors

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

Name of Institution (City, State)	Major	Years Attended	Degree

III. 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:

Credentials etc.
Do you have a valid driver's license? Yes ___ No ___

IV. WORK EXPERIENCE

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

Business Name	Start Date	End Date	Position	Duties	Telephone Number	Reason for Leaving

V. REFERENCES

List three names and addresses of persons (not family/related) who are qualified to answer questions concerning your abilities for the position.

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

VI. 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. If you answered "Yes" to any question 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):

1. Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse? Yes ___ No ___
2. 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 ___
3. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes ___ No ___

VII. 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__