



LINCOLN PUBLIC SCHOOLS
CLASSIFIED EMPLOYEE APPLICATION
P.O. Box 82889, 5901 O Street
Lincoln, Nebraska 68501
www.lps.org

Date Interviewed _____
Priority _____
(for office use only)

Name _____
First Middle Last Maiden Name

Social Security Number¹ _____ E-mail Address _____

Address _____
Street City State Zip

Phone _____
Home Work Cell Phone

If applying for a specific position, please list here: _____

POSITION INTEREST:

Clerical

- Secretary I
Secretary II
Secretary III
Secretary IV
Payroll/Accounting
Substitute

Custodial

- 9-month (4 hours)
10-month (8 hours)
12-month (8 hours)
Substitute

Distribution Center

- Receiving/Inventory
Warehouse I
Warehouse II **
Warehouse Supervisor **

Maintenance

Building Crafts

- Brickmason/Plasterer
Carpenter
Locksmith
Painter
Roofer

Electrical

- Electrician
Electronic Repair I
Electronic Repair II
Electronic Repair III

General

- Courier**
Crafts Assistant
Mechanic III **
Receiving/Inventory Person
Receiving/Inventory Supervisor

Grounds

- Heavy Equipment Operator **
Landscape Maintenance Person **
Light Equipment Operator **
Mechanic III **

HVAC

- Boiler Repair
Building Maintenance
Controls Repair
Energy Management System Repair
Kitchen Equipment Repair
Plumber
Preventative Maintenance Coordinator
Preventative Maintenance Repair
Refrigeration Repair
Sheetmetal Worker
Welder

Nutrition Services

- Baker
Cook
Food Service Worker (4 hours)
Itinerant (4 hours)
Manager
Substitute

Paraeducator

- Behaviorally Disordered
Bilingual Interpreter (language) _____
Computer
Early Childhood Special Education
English Language Learners
E-Cite (Head Start)
General Instruction
Hearing Impaired
Learning Disabled/Resource
Media
Motor Activity
Mentally Handicapped
Mild
Moderate
Severe
Orthopedically/Physically Handicapped
Title I Reading/Math
Substitute

Technician

- Occupational Therapist
Physical Therapist
Other _____

Transportation

- Bus Driver **
Bus Paraeducator
Bus Washer **
Garage Service **
Mechanic I **
Mechanic II **
Mechanic III **
Receiving/Inventory **

** CDL Required-Must complete pages 7 and 8

If currently employed, state present position _____

When will you be available? _____

State reasons for desiring a change in your current employment _____

Have you ever been employed by Lincoln Public Schools? Yes No

If yes, please provide dates and the position held _____

Have you ever interviewed for positions with Lincoln Public Schools? Yes No

If yes, what positions and when did you interview? _____

How did you learn about LPS employment opportunities?

Website Jobline Newspaper LPS vacancy bulletin Other (please list) _____

To be an employee of Lincoln Public Schools, you must be a citizen of the United States or have authorization from the Immigration and Naturalization Service to work.

Are you a United States citizen? Yes No

If no, do you have Employment Authorization? Yes No (please attach a copy)

Do you have form I-94? Yes No (please attach a copy)

DESIRED CITY LOCATION PREFERENCE (if applicable)

Northeast Northwest Southeast Southwest

VOLUNTEER ACTIVITIES

Activity	Location
_____	_____
_____	_____

CHARACTER REFERENCES (Must provide at least three other than relatives)

1. Name _____	Relationship _____
Company _____	Phone No. _____
Mailing Address _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>
E-mail Address (Optional) _____	
2. Name _____	Relationship _____
Company _____	Phone No. _____
Mailing Address _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>
E-mail Address (Optional) _____	
3. Name _____	Relationship _____
Company _____	Phone No. _____
Mailing Address _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>
E-mail Address (Optional) _____	

SKILLS FOR

Custodial positions:

List skills you've learned that would benefit you in the position(s) for which you have indicated an interest:

Maintenance positions:

List skills you've learned or applicable licenses you have attained that would benefit you in the position(s) for which you have indicated an interest:

Nutrition Services positions:

List all cooking equipment you have used.

Paraeducator positions:

<input type="checkbox"/> Art	<input type="checkbox"/> Computer	<input type="checkbox"/> Office machines
<input type="checkbox"/> Crafts	<input type="checkbox"/> Music	List types _____
<input type="checkbox"/> Storytelling		
<input type="checkbox"/> Foreign language		<input type="checkbox"/> Signing—list course work and if you have QUAST certification _____
List languages _____		

Secretarial/Office/Clerical positions:

<input type="checkbox"/> AS-400	<input type="checkbox"/> Graphic Designing	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Access	<input type="checkbox"/> E-mail _____	<input type="checkbox"/> Accounting
<input type="checkbox"/> MS Word	<input type="checkbox"/> Typing _____ (wpm) _____	<input type="checkbox"/> Switchboard
<input type="checkbox"/> Excel	<input type="checkbox"/> Other _____	

Technician positions:

If applying for a technician position of Occupational or Physical Therapist, please complete the following.

License (please check)

I hold a valid license as issued by the Nebraska Department of Health.
 Nebraska Department of Health License Number _____

I am eligible to hold a valid license from the Nebraska Department of Health.

Pediatric experience

Please describe below any pediatric experience

Transportation (driver or para) positions:

List skills you've learned that would benefit you in the position(s) for which you have indicated an interest:

EDUCATIONAL BACKGROUND

Level	Name of School City and State	Dates Attended	Highest Grade Completed Degree Yes/No	Major Area of Study
High School/GED		Not Applicable		Not Applicable
Business/Technical*				
College or Univ.*				
Other Training*				

*May be required to submit official transcript upon offer of employment.

PLEASE LIST SPECIFIC TITLE OF SUPERVISOR AND PHONE NUMBER. WE WILL CHECK REFERENCES.

EMPLOYMENT RECORD (Please list employers below, most recent first.)

Dates of Employment: From _____ To _____
Employer _____ Supervisor's Name _____
Employer Address _____ Phone No. _____
Street City State Zip
E-Mail Address _____
Position Held and Responsibilities _____

Reason for leaving _____

Dates of Employment: From _____ To _____
Employer _____ Supervisor's Name _____
Employer Address _____ Phone No. _____
Street City State Zip
E-Mail Address _____
Position Held and Responsibilities _____

Reason for leaving _____

Dates of Employment: From _____ To _____
Employer _____ Supervisor's Name _____
Employer Address _____ Phone No. _____
Street City State Zip
E-Mail Address _____
Position Held and Responsibilities _____

Reason for leaving _____

Dates of Employment: From _____ To _____
Employer _____ Supervisor's Name _____
Employer Address _____ Phone No. _____
Street City State Zip
E-Mail Address _____
Position Held and Responsibilities _____

Reason for leaving _____

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, or been arrested for anything other than a minor traffic violation? (If you are unsure if a ticket, a charge or an arrest was for a minor traffic violation, answer "Yes")

Yes No

- 2. If you answered "Yes" to Question #1 above, you must explain each situation including location(s), dates(s), agency(ies) involved, and the outcome of 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 (e.g., Nebraska Department of Education) 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 each situation (use an attachment if needed): _____

- 5. I affirm that **NONE** of the information identified in Questions #1 to #4 in any way involved any of the following: (a) a felony; (b) rape, including statutory rape, or any other sexual assault; (c) sexual conduct with a minor of any kind; (d) abuse of a minor or child of any kind; (e) endangerment of a child or debauching a minor; (f) public indecency; (g) prostitution, pandering, or keeping a place of prostitution (h) assault or battery (i) kidnapping, false imprisonment or abduction; (j) child pornography; or (k) any offense in which a minor was a victim or a witness.

True Not True (If Not True, explain fully in Item #2 or Item #4)

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 to it will be sufficient grounds for failure to employ me or for my discharge should I become employed with the school district.

¹I understand that disclosure of social security number is optional. It may be used to conduct background checks for employment purposes and for personnel and payroll processing.

Legal Signature of Applicant Date _____

**LINCOLN PUBLIC SCHOOLS
BACKGROUND CHECK AUTHORIZATION
P.O. Box 82889, 5901 O Street
Lincoln, Nebraska 68501**

I understand that Lincoln Public Schools may request an investigative consumer report for purposes related to employment. This report may include information as to my character, reputation, personal characteristics and mode of living. The investigation may include obtaining information from public and private sources about my: criminal history, military record, employment record, volunteer experience record, driving record, workers compensation record, and credit record.

I authorize and give consent to Lincoln Public Schools conducting such an investigation, directly or through a third party, at time of application for employment and during the course of employment. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I further authorize and give consent to any person or entity which is requested to provide information to Lincoln Public Schools or its agent to release and disclose to Lincoln Public Schools or its agent any and all information or records requested regarding me as described above. I release any person or entity which provides information or records in furtherance of this Authorization from any and all claims or liability for compliance other than for intentionally providing inaccurate or false information.

I understand that the information obtained in the investigation will be held in confidence in accordance with Lincoln Public Schools guidelines. Medical and workers compensation information will only be requested as part of the investigation and considered in employment decisions to the extent permitted by the Americans with Disabilities Act (ADA) and other laws. In the event the investigation is conducted by a third party at Lincoln Public Schools' request, and a negative employment decision is made based upon the third party's report, I will be accorded my rights under the Fair Credit Reporting Act (e.g., I will be given the contact information for the third party, advised that the third party did not make the employment decision, have a right to a copy of the report from the third party upon request and have a right to dispute the accuracy or completeness of the report).

I consent to the information set forth below and the information provided in my application or my employee file being used for identification purposes in requesting records or information related to the investigation.¹

_____ Printed Legal Name of Prospective or Current Employee	_____ Birth Date
_____ Legal Signature of Prospective or Current Employee	_____ Date
Other Legal Names Used (Including Maiden): _____	
Current Address: _____	

¹A copy (including photocopy or facsimile copy) of this Authorization may be used as an original.

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 Lincoln 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
_____	_____
_____	_____
_____	_____
_____	_____

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.

_____	_____	_____
<i>Signature of Applicant</i>	<i>Print Name</i>	<i>Date</i>

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.

Signature of Applicant

Print Name

Date

**LINCOLN PUBLIC SCHOOLS
EQUAL EMPLOYMENT OPPORTUNITY SURVEY
P.O. Box 82889, 5901 O Street
Lincoln, Nebraska 68501**

To All Applicants:

Furnishing information about sex, age group, racial/ethnic group or disability is **voluntary**. Completion of this survey is not a requirement for consideration for positions with Lincoln Public Schools. This information will be used solely in connection with the district's Affirmative Action Plan. Our efforts are to determine the effectiveness of our recruitment and selection processes and to send specific information about job opportunities. The information you supply will be kept confidential. We would appreciate your cooperation by completing this form and returning it at the time you send in your application.

Instructions: Please circle only one number for each question below.

A. What gender are you?

- 1. Male
- 2. Female

B. Do you have a disability?

- 1. No
- 2. Yes – (Please State) _____

C. What is your age?

- 1. 16 years or less
- 2. 17-39 years
- 3. 40 years or more

D. Of the following, of which racial/ethnic group do you consider yourself a member?

- 1. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- 2. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Philippine Islands, and Samoa.
- 3. **White:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. (Not of Hispanic origin.)
- 4. **Black:** All persons having origins in any of the Black racial groups of Africa. (Not of Hispanic origin.)
- 5. **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Position(s) you applied for _____

Name _____ Social Security No. _____
(Please Print)

Signature _____ Today's Date _____