



LINCOLN PUBLIC SCHOOLS
MENTOR OF HIGHLY GIFTED STUDENTS APPLICATION
P.O. Box 82889, 5901 O Street
Lincoln, Nebraska 68501
www.lps.org

INSTRUCTIONS

Be sure to supply ALL information. Filing of this application implies acceptance of the Rules and Regulations of the Lincoln Board of Education. This application will be kept active for one year. It may be renewed upon request.

PERSONAL

Name _____
First Middle Last Maiden Name

Social Security Number¹ _____ E-mail Address _____

Address _____
Street City State Zip

Phone _____
Home Work Cell

Is the name on your social security card the same as the name given above? Yes No

If no, please give the name _____

To be an employee of the 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)

Have you ever been employed by the Lincoln Public Schools? Yes No When/Where? _____

If employed, state present position and employer _____

If employed, when will you be available? _____

CHECK PREFERENCE

Location Northwest Northeast Southwest Southeast

Are you available all day, mornings only, or afternoons only? (Specify) _____

Are there days of the week for which you are unavailable? (Specify) _____

Are you available for the entire school year? Yes No (If no, explain) _____

NOTE: It will be your responsibility to notify Human Resources if the above information changes.

EDUCATIONAL BACKGROUND

Undergraduate Studies

College/University _____ Academic major _____
 (Please circle if currently enrolled) Junior Senior Major advisor _____
 Graduation date _____ Degree _____ Undergraduate GPA _____

Graduate Studies

College/University _____ Academic major _____
 Graduation date _____ Degree _____ Graduate GPA _____

NOTE: Official transcripts from all colleges/universities attended are to be provided before an interview will be considered. Academic proficiency will be a major criteria in the selection of mentors.

POSITION DESIRED

Mark the academic subject areas in which you wish to mentor. A minimum of 15 semester hours in a subject area with a minimum 3.5 GPA is required. To mentor elementary students a mentor must at least have junior standing; to mentor middle level students, a senior standing; to mentor high school students, a bachelors degree is required.

Grade Level of Interest (Check all levels with which you would work)

English/Language Arts	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Reading	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Foreign Language			
Chinese	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
French	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
German	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Japanese	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Latin	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Russian	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Spanish	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Other _____	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Mathematics			
Algebra	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Calculus	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Computer	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
General Math	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Geometry	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Other _____	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Science			
Biology	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Chemistry	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Geology	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Physics	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
General Science	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Other _____	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Social Studies			
American History	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Geography	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
World History	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Other _____	Elementary <input type="checkbox"/>	Middle Level <input type="checkbox"/>	High School <input type="checkbox"/>
Visual Arts _____	Elementary <input type="checkbox"/>		

EXPERIENCE

List activities in which you have had experience working with school-age youth.

Activity	Location	Month/Yr. From	Month/Yr. To	How Often Per Week	Time Per Contact

TEACHING EXPERIENCE

List any prior paid teaching experience.

Dates of Assignment	Position (i.e., Teacher, Principal, Supervisor)	Provide Complete Name and Mailing Address of School	Grades and Subject Taught	*Full or Pt. Time

*Use F for full-time, .5 for half-time, etc.

CONCLUDING QUESTIONS

Directions: Please answer each of the questions below as best you can. The space provided should be adequate, if more space is needed please attach additional pages.

Would you be willing to work with students who are highly gifted and have learning disabilities, behavior problems or other special needs? Yes No

Would you be willing to attend staff development workshops to help you with the job? Yes No

Have you ever worked with a highly gifted child? What are some ways highly gifted children differ from other children? _____

What specific qualities, skills and experiences will you bring to the role of mentor of highly gifted? _____

You have been selected as a mentor of a highly gifted student. Describe what you would do with the student on your first day with him/her. _____

What resources would you like to have available to make your area of expertise exciting for your mentee? _____

What are some things you would need to know about the student in order to make the mentorship a worthwhile experience? _____

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

<hr/> Printed Legal Name of Prospective or Current Employee	<hr/> Birth Date
<hr/> Legal Signature of Prospective or Current Employee	<hr/> 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.

**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 _____