

Application

For Office Use Only
Interview Date _____

Street Address:
5901 O Street
Lincoln, NE 68510
(402) 436-1582
WebSite: www.lps.org
E-mail: humanres@lps.org

Lincoln Public Schools

An Affirmative Action/Equal Opportunity Employer

Application for Substitute Teaching

Please type or print in ink your responses.

ATTENTION:
If you have a current teaching application on file, complete pages one, five and six only.

Application Date _____ E-Mail Address _____ Social Security Number¹ _____

Name _____
First Middle Last Maiden

Present Address _____
Street City State Zip

Telephone _____
Home Work Cell

Are you a former Lincoln Public Schools employee? Date of separation _____

Date available to work with Lincoln Public Schools _____

Emergency Contact Info: Name _____ Telephone (_____) _____

SUBSTITUTE TEACHER

I have a teaching certificate I do not hold a teaching certificate, but qualify for a local substitute certificate

I wish to be listed as a substitute teacher in the following areas or grades: **(List endorsed areas only)**

Elementary

Secondary

Elementary

If needed, would you be willing to substitute in any classroom, grades K-6 as a utility substitute?

yes no

Secondary

If needed, would you be willing to substitute in any classroom, grades 7-12 as a utility substitute?

yes no

Elementary Certified Only

Check any of the following in which you have additional training or expertise for an elementary setting:

- Computer Art Science Gifted Special Education Reading
 English Language Learners Mathematics

Music substitutes: Can you accompany? yes no

If you are a physical education substitute, do you have a WSI (Water Safety Instructor's) certificate?

yes no

Not certified, but willing to substitute in:

- Special Education Music Foreign Language
 Physical Education BD Other _____

Available (specific days, etc.) _____

Location Restrictions _____

PROFESSIONAL PREPARATION

List the pre-student teaching experiences and other experiences with young people in which you participate. (Example: practicum, tutoring, teacher aiding, swimming instructor, scouting, church, etc.) Please check items involving experience and/or exposure in working with minorities.

Type of Experience	Organization	City/State	Supervisor	Dates

Student Teaching	From	To	School	Location		State	Grade and Subject	
	Mo.	Yr.		Mo.	Yr.			Town or City
	Name of Cooperating Teacher							
Name of Cooperating Teacher								

TEACHING OR WORK EXPERIENCE--You must include the last six employers

Please complete the following section identifying your teaching experiences or employment history if you do not have teaching experience.

From Mo/Yr	To Mo/Yr	Employer/Address/Phone No.	Position or Job Title	(For Teachers) Grades/Subject	Principal or Supervisor	Reason for Leaving

College Work Resulting In Degree	Name of Institution	Major	Hrs	Minor	Hrs	Year Graduated	Type of Degree

CREDENTIALS (Placement Office File)

My credentials are on file at _____
College or University *Address*

MULTICULTURAL EXPERIENCES

Have you taken a course in Ethnic and Race Relations? Yes ___ No ___ If yes, course title _____
 Where taken? _____ Hours credit _____
 Have you had college study of students or adults with disabilities? Yes ___ No ___ Women's studies? Yes ___ No ___
 If yes, cite course title _____
 Where taken? _____ Hours credit _____
 Please check the following areas in which you have had contact with minority groups.
 Student teaching _____ College activities _____ Community involvement _____ Social contact _____
 Other _____

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. If you are typing your answers, please respond to at least one question in your own handwriting.

1. What do you want to accomplish as a substitute teacher?

2. How will (do) you find out about student attitudes and feelings toward your class?

3. An experienced teacher offers you the following advice: "When you are substitute teaching, be sure to command the respect of your students and all will go well." How do you feel about this?

4. If there were absolutely no restrictions placed on you, what would you want to do most in life?

5. Why do you want to substitute teach in the Lincoln Public Schools?

6. How would you address different racial/ethnic or culturally based attitudes of students?

7. How would you infuse a multicultural perspective into your classroom/subject area?

CITIZENSHIP

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)

V. CERTIFICATION

Type of certificate now held

- None
- Valid Nebraska teaching certificate.* Expiration date _____

Areas of Specialization

Valid certificate—other state (specify)

Certificate Type

- | Check One | Check All That Apply |
|---|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Substitute | |
| <input type="checkbox"/> Local Substitute | |
| <input type="checkbox"/> Other | |

* Attach photocopy of current teaching certificate. (Copy front and back)

VII. REFERENCES

List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught in the past 15 years. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals who have been associated with your student teaching. Indicate with an (*) any reference which is included in your credentials.

Name	Position	Complete Mailing Address Required (Include Zip Code)	(Office Only)	
			S	R
		E-mail: _____		
		E-mail: _____		
		E-mail: _____		
		E-mail: _____		
		E-mail: _____		

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.

**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 _____