

# Application

**For Office Use Only**  
TI Interview Date \_\_\_\_\_

**Street Address:**  
5901 O Street  
Lincoln, NE 68510  
Phone: (402) 436-1582  
Fax: (402) 436-1620  
TTY: (402) 436-1599

**Lincoln Public Schools**  
*An Affirmative Action/Equal Opportunity Employer*  
**Application for Certificated Personnel**  
Please type or print in ink your responses.

**WebSite:**  
Lincoln Public Schools  
www.lps.org  
Human Resources  
www.lps.org/hr  
On-line Application Available  
**E-mail:** humanres@lps.org

Social Security Number<sup>1</sup> \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle Last Maiden*

Present Address \_\_\_\_\_  
*Street City State Zip*

Permanent Address \_\_\_\_\_  
*(If different from 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 \_\_\_\_\_

### I. POSITION DESIRED

If you are endorsed in more than one area, mark first choice 1, second choice 2, etc.: \_\_\_ **Specialist** \_\_\_ **Elementary** \_\_\_ **Secondary**

**SPECIALIST**—check below the specialist area in which you are certified and seek assignment:

- Art  Counselor  English Language Learners  Media Specialist  Music  Physical Education
- School Psychologist  Speech Pathologist  School Nurse  School Social Worker  Other \_\_\_\_\_

Special Ed. (check):  Behaviorally Disordered  Early Childhood Special Education  Hearing Impaired  Learning Disabled  
 Mentally Handicapped: Mild  Mentally Handicapped: Moderate  Mentally Handicapped: Severe/Profound  
 Orthopedically Impaired  Visually Handicapped

Level preferred: Mark first choice 1, second choice 2, etc.  
Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

**ELEMENTARY TEACHER**—complete the following:

Level preferred: Mark first choice 1, second choice 2, etc.  
Kindergarten \_\_\_\_\_ Grade 1-2 \_\_\_\_\_ Grade 3-4 \_\_\_\_\_ Grade 5 \_\_\_\_\_

Check any of the following in which you have additional training or expertise for an elementary setting:  Art  Computer  
 Early Childhood  English Language Learners  Gifted  Headstart  Reading  Science

**SECONDARY TEACHER**—complete the following:

Level preferred: Mark first choice 1, second choice 2.  
Middle School (6-8) \_\_\_\_\_ High School (9-12) \_\_\_\_\_

List in order of preference the subjects you are certified to teach:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you have a middle grade (4-9) endorsement?  Yes  No

**Activities:** Check any of the following which you might be able to sponsor, direct, coach or manage. Check B for boys and/or G for girls.

- Baseball B Basketball B G Cheerleading G Dance G Debate  Dramatics  Football B
- Golf B G Gymnastics B G Newspaper  Soccer B G Softball G Swimming B G Tennis B G
- Track B G Volleyball G Wrestling B Yearbook  Other \_\_\_\_\_

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

<b>College Work Resulting In Degree</b>	<b>Name of Institution (City, State)</b>	<b>Major</b>	<b>Hrs</b>	<b>Minor</b>	<b>Hrs</b>	<b>Year Graduated</b>	<b>Degree</b>	<b>GPA (4.0 scale)</b>

**II. 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 \_\_\_\_\_

**III. TEACHING EXPERIENCE—Include the last five employers**

Years Taught	No. of Mos.	Position (Teacher, Principal, Supervisor)	Provide Complete Name and Mailing Address of School	Grades and Subject	*Full or Pt. Time	Reason for Leaving

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

**IV. 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. If you are applying for a position other than teaching (e.g. nurse, counselor, school psychologist) please respond from that perspective.*

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

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2. In what ways is it important for a school district to adopt procedures and practices that promote multicultural education?

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

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

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**V. CERTIFICATION**

**Type of certificate now held**

- None
- Valid Nebraska teaching certificate.\* Expiration date\_\_\_\_\_

Areas of Specialization

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Valid certificate—other state (specify)

**Certificate Type**

**Check One**

- Initial
- Standard
- Professional
- Substitute
- Local Substitute
- Other

**Check All That Apply**

- Administrator
- Teaching
- Specialist

\* Attach photocopy of current teaching certificate. (Front and back)

**VI. 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)

**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:		

**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): \_\_\_\_\_

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- 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): \_\_\_\_\_

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- 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.

<sup>1</sup>I 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.

\_\_\_\_\_ Date \_\_\_\_\_  
Legal Signature of Applicant

**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.

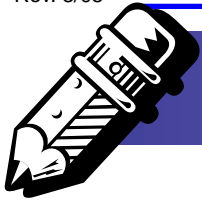
I further authorize and give consent to any person or entity which is requested to provide information to Lincoln Public Schools or its agent to release and disclose to Lincoln Public Schools or its agent any and all information or records requested regarding me as described above. I release any person 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.<sup>1</sup>

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

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



# Applicant Affirmative Action Data Sheet

## 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 \_\_\_\_\_