

Yutan Public Schools

1200 2nd Street

Yutan, Ne 68073

Phone:(402) 625-2241 ~ Fax:(402) 625-2812

Website: www.yutanpublicschools.com



APPLICATION FOR EMPLOYMENT

Yutan Public Schools is an Equal Opportunity Employer. *We* consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance. The Title IX Coordinator is Josh Lynch, who may be contacted in person, by mail, by telephone, or by electronic mail at Yutan Public Schools 1200 2nd St. Yutan, NE 68073, (402) 625-2241 or jlynch@yutanps.org

Please type or print in ink only

Position Applying For	
Date of Application	
Last Name	
First Name	
Present Address Number & Street City State & Zip Code	
Telephone Number/s Home Cell	
Email Address	

CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- ☐ I am a high school graduate or hold a GED.
- ☐ I have not been convicted of a crime involving physical or sexual abuse.

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Have you ever been employed with us before?	Please Circle: YES NO
If yes, provide dates: FROM: TO:	
Department of prior employment:	
Are you under 18 years of age?	Please Circle: YES NO
<i>If you are under the age of 18, you may need to supply the School District a work permit or limit your hours to those permitted by law.</i>	
May we contact your current employer?	Please Circle: YES NO
Have you ever been terminated from employment?	Please Circle: YES NO
Have you ever been notified of possible cancellation, termination, or non-renewal of employment?	Please Circle: YES NO
<i>If yes, please explain the circumstances:</i>	

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Specify Days & Hours for which you are available:	
Date Available to Start	
If the job you are applying for requires a valid driver's license, please complete the attached Driver's Certification Form.	<i>Please Circle:</i> YES NO
Do you have any relatives presently employed by the School District?	<i>Please Circle:</i> YES NO
<i>If yes, provide names, duties, and relationship:</i> 	
Are you willing to work overtime if required?	<i>Please Circle:</i> YES NO
Are you willing to work different shifts if required?	<i>Please Circle:</i> YES NO

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment, but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

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EMPLOYMENT EXPERIENCE

Start with your current or last job and complete the information below.

(Attach additional sheets if necessary)

Employer Name		Job Title	
Employer Address (Street, City, State, Zip)		Supervisor Name Supervisor Phone #	
Employed: FROM: TO: Reason for leaving prior employment:	Summary of Work Performed:		
Starting Wage:		Ending Wage:	

Employer Name		Job Title	
Employer Address (Street, City, State, Zip)		Supervisor Name Supervisor Phone #	
Employed: FROM: TO: Reason for leaving prior employment:	Summary of Work Performed:		
Starting Wage:		Ending Wage:	

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EDUCATIONAL BACKGROUND

(Attach additional sheets if necessary)

High School Name: Location:	Mark highest grade completed: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th
Community College: Location:	Graduated: YES NO Degree Obtained: YES NO Course of Study:
Trade School: Location:	Graduated: YES NO Degree Obtained: YES NO Course of Study:
College / University: Location:	Graduated: YES NO Degree Obtained: YES NO Course of Study:
Seminars / Other	Please Describe

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SPECIAL SKILLS

Computer / Technology Skills: *(please explain your level of proficiency)*

Use the space to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the School District.

REFERENCES

(List 3 individuals familiar with your work ability. DO NOT INCLUDE RELATIVES)

NAME	ADDRESS (Street, City, State, Zip)	PHONE	RELATIONSHIP TO PERSON

APPLICANT'S STATEMENT:

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date