

BROKEN BOW PUBLIC SCHOOLS

323 North 7th Avenue
Broken Bow, NE 68822
308-872-6821

CERTIFICATED EMPLOYMENT APPLICATION

Position Applying For: _____ Date _____

Last Name _____ First Name _____ Middle Name _____

Other Name under which transcripts, certificates, and former applications may be listed:

Last Name _____ First Name _____ Middle Name _____

Social Security Number: _____ -- _____ -- _____

Permanent Address:

Street _____ City _____ State _____ Zip _____

Home Phone _____ -- _____ -- _____ Business Phone _____ -- _____ -- _____

Cell Phone _____ -- _____ -- _____

Present Address:

Street _____ City _____ State _____ Zip _____

Home Phone _____ -- _____ -- _____ Business Phone _____ -- _____ -- _____

Cell Phone _____ -- _____ -- _____

Do you hold a valid Nebraska Teaching Certificate: Yes No

(enclose copy of certificate, if available, with application)

If yes, Type of Certificate _____

Endorsements 1. _____ 2. _____

3. _____ 4. _____

Has your teaching certificate ever been suspended? Yes No

If yes, when _____ what state _____

Has your teaching certificate ever been revoked? Yes No

If yes, when _____ what state _____

List College or University in order attended:

Name	Dates Attended	Major	Minor	Graduation Date	Diploma, Certificate Earned, Degree Earned

Total Graduate Hours _____

Student Teaching:

From (mo/yr)	To (mo/yr)	School	City	State	Grade/Subject

Name of Cooperating Teacher: _____

Please list the name and address of your last three employers.

1. _____ Position held _____
 _____ Dates _____
 _____ Phone Number _____
 _____ Reason for Leaving _____

2. _____ Position held _____
 _____ Dates _____
 _____ Phone Number _____
 _____ Reason for Leaving _____

3. _____ Position held _____
 _____ Dates _____
 _____ Phone Number _____
 _____ Reason for Leaving _____

Total Years of Teaching Experience: _____

Please list at least three people as employment references for you.

Name _____ Address _____

Occupation _____ Telephone Number _____ -- _____ -- _____

Name _____ Address _____

Occupation _____ Telephone Number _____ -- _____ -- _____

Name _____ Address _____

Occupation _____ Telephone Number _____ -- _____ -- _____

List any extracurricular activities which you are willing and able to supervise or direct:

Now that you have completed this application form, please request that your college transcripts be sent to us.

Misrepresentation or willful omissions may be sufficient cause for disqualification of this application or termination of employment. I hereby authorize Broken Bow Public Schools to conduct work history, personal reference or police record inquiries to determine my acceptability for employment.

Signature _____

The Broken Bow Public School District does not discriminate on the basis of race, color, national origin, gender, marital status, disability, or age in admission or access to, or treatment of employment, in its programs and activities.