

# Application for Paraprofessional Educator Axtell Community Schools

An Equal Opportunity Employer

500 Main, P.O. Box 97  
Axtell, NE 68924  
Phone: (308) 743-2414  
Fax: (308) 743-2417

Application form  
valid until 8-31-2022

*Please type or print in ink.*

## PERSONAL & CONTACT INFORMATION

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*

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Drivers License Number \_\_\_\_\_

## POSITION DESIRED

State the position(s) for which you are applying: \_\_\_\_\_

Where did you learn of this position being available? \_\_\_\_\_

## TRAINING & EXPERIENCE

### A. HIGH SCHOOL(S) ATTENDED

Name of School	Grades Attended	Special Honors or Recognition

### B. COLLEGE, TECHNICAL SCHOOL, OR OTHER POST SECONDARY TRAINING

Name of Institution (City, State)	Major	Hrs	Minor	Hrs	Year Graduated	Degree	GPA (4.0 scale) & Special Honors or Recognition

**C. WORK EXPERIENCE—Include at least the last five employers**

Employment dates	Job Title: (also state if full or part-time)	Duties:	Name and Mailing Address of Employer	Reason for Leaving

**D. REFERENCES**

List below names and addresses of persons, especially supervisors, who are qualified to answer questions concerning your fitness for the position you seek.

Name	Position	Contact Info: Telephone & Complete Mailing Address

**QUESTIONS**

Directions: Please answer each of the questions below as best you can. 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. Eligibility for hire:**

●Are you currently employed? \_\_\_Yes \_\_\_No.

If yes, who is your employer and why do you wish to leave your current position?

●Do you have any condition (physical, mental, or otherwise) that prevents you from performing the essential functions (see job description) of the position for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of positions at Axtell Community Schools.)  
\_\_\_Yes \_\_\_No. If yes, describe: \_\_\_\_\_

**2. Interest in Axtell Community Schools:**

●Have you previously submitted a written application for employment with Axtell Community Schools?

\_\_\_Yes \_\_\_No. If yes, give date: \_\_\_\_\_

●Why do you want to be employed at Axtell Community Schools? \_\_\_\_\_

●What experiences have you had with Axtell Community Schools or the community of Axtell? \_\_\_\_\_

**3. Personal and Professional Self-Evaluation:**

●Describe your professional strengths and abilities and personal characteristics which will apply to your position:

\_\_\_\_\_

●Describe your weakness/areas in which you feel you need to improve: \_\_\_\_\_

\_\_\_\_\_

**DISCLOSURE AFFIDAVIT**

Information provided by you in this affidavit WILL NOT automatically bar you from employment with Axtell Community Schools, but will be considered in view of all relevant circumstances. Any falsification, misrepresentation or incompleteness in this affidavit is alone grounds for disqualification or immediate termination of employment. Please read the affidavit carefully and provide an explanation should you have any question on any statement contained in the affidavit.

I affirm that I have NOT at any time been convicted or adjudicated of, or plead guilty, no contest, or nolo contendere to, or been placed on pretrial diversion subsequent to having been charged, arrested, or given a ticket for, or had any license, permit, or certificate terminated, revoked, suspended, or adversely affected because of, or been subject to a judicial restraining or contempt order, any of the following:

- |            |           |  |
|------------|-----------|--|
| <b>Yes</b> | <b>No</b> | (Initial "yes" if you have; "no" if you have not, and provide explanation for any "yes" below.)                  |
| ___        | ___       | Any felony;  |
| ___        | ___       | Rape, including statutory rape, or any other sexual assault;   |
| ___        | ___       | Sexual conduct with a minor of any kind;   |
| ___        | ___       | Abuse of a minor or child of any kind;   |
| ___        | ___       | Endangerment of a child;   |
| ___        | ___       | Debauching a minor;  |
| ___        | ___       | Contributing to the delinquency of a child;  |
| ___        | ___       | Public indecency;  |
| ___        | ___       | Prostitution, pandering, or keeping a place of prostitution;   |
| ___        | ___       | Assault or battery;  |
| ___        | ___       | Kidnapping, false imprisonment or abduction;   |
| ___        | ___       | Child pornography; or  |
| ___        | ___       | Any criminal offense in which a minor was a victim or a witness; or  |
| ___        | ___       | Any "felony conviction" as defined in Nebraska Department of Education Rule 21, Section 3.11 (copied below); or  |
| ___        | ___       | Any "misdemeanor conviction" as defined in Nebraska Department of Education Rule 21, section 3.12 (copied below) |

EXPLANATION (if you answered "yes" to any of the above, or are not absolutely sure that a "no" answer for any of the above was accurate, you must provide an explanation in the lines below (or in an attachment if necessary) below giving an explanation of the situation and the applicable dates).

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The above statements are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Nebraska Department of Education Rule 21 (Issuance of Certificates)**

Section 003.11 For purposes of this Chapter, felony conviction as referenced in Sections 004.01D, 005.01D, and 007.01D means any felony offense under the laws of any jurisdiction, including misdemeanor convictions in other jurisdictions that would constitute a felony if committed in Nebraska.

Section 003.12 For purposes of this Chapter, a misdemeanor conviction involving abuse, neglect, or sexual misconduct as referenced in Sections 004.01D, 005.01D, and 007.01D means an offense under the laws of any jurisdiction, which, if committed in Nebraska, would constitute one of the following misdemeanors (with the applicable sections of the Revised Statutes of Nebraska in parenthesis):

003.12A Assault (third degree) (28-310)	003.12K Debauching a Minor (28-805)
003.12B Stalking (28-311.03)	003.12L Public Indecency (28-806)
003.12C Hazing (28-311.06)	003.12M Sale of Obscene Material to Minor (28-808)
003.12D False Imprisonment (28-315)	003.12N Obscene Motion Picture Show, Admitting Minor (28-809)
003.12E Sexual Assault (third degree) (28-320)	003.12O Obscene Literature Distribution (28-813)
003.12F Abandonment of Spouse or Child (28-705)	003.12P Sexually Explicit Conduct (28-813.01)
003.12G Child Abuse (28-707)	003.12Q Resisting Arrest (28-904(1)(a)), when the conviction involves use or threat of physical force or violence against a police officer
003.12H Contributing to the Delinquency of a Child (28-709)	003.12R Indecency with an Animal (28-1010)
003.12I Prostitution (28-801)	
003.12J Keeping a Place of Prostitution (28-804)	

**CONSENT & CERTIFICATION**

**I HEREBY GIVE CONSENT** to any of my references, previous employers, law enforcement agencies, and the courts to release information that pertains to my employment to Axtell Community Schools. My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.

**I FURTHER 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 that any omission of information pertinent to my application and any falsification or misrepresentation made by me on this application or any supplemental information in support of my application, or any failure to provide new information if any of the statements in my application change between date of application and my employment with the school district, will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

**I UNDERSTAND** that any offer of employment may be conditioned on a criminal background check.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**ELECTRONIC SUBMISSION CONSTITUTES AGREEMENT AND SIGNATURE**

The provision of the applicant's social security number is optional. It will be used to conduct background checks for employment purposes and for record and identification purposes.

**It is the policy of Axtell Community Schools to not discriminate on the basis of sex, handicap or disability, race, color, religion, marital status, veteran status, or national or ethnic origin in its educational programs, admission policies, employment policies or other administered programs. Persons requiring accommodations to apply and/or be considered for positions with Axtell Community Schools are asked to make their request to the Superintendent.**



Division of Children and Family Services

State of Nebraska  
Dave Heineman, Governor

**AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA  
ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY**

**The State of Nebraska approved this form, any alteration will invalidate it.**

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

**Agency Name/ Fax: One Source, The Background Check Company –Fax 1-800-929-8117**

**Please do not use abbreviations**

**Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa**

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

**Print Full Legal Name: (applicant)** \_\_\_\_\_

\_\_\_\_\_  
**Signature (applicant)**

\_\_\_\_\_  
**Date**

**Current Address:** \_\_\_\_\_  
**(Street/City/State/Zip)**

\_\_\_\_\_  
**Applicant Date of Birth**

\_\_\_\_\_  
**Applicant Social Security Number**

**Other names previously used such as former married names, maiden name and nick names.  
Please Print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names and birth dates of your children and children who have lived with you. Please Print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Address at which you have resided during the past 20 years. Please Print.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Helping People Live Better Lives*  
*An Equal Opportunity/Affirmative Action Employer*  
printed with soy ink on recycled paper

**AUTHORIZATION FOR BACKGROUND CHECK**

I understand that Axtell Community School 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 (Axtell Community Schools does not use Fiscal/Financial Credit Reports as part of their hiring process and therefore this form shall not release access to Fiscal/Financial Credit Reports).

I authorize and give consent to the Axtell Community School to conduct 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 the Axtell Community School or its agent to release and disclose to the Axtell Community School or its agent any and all information or records requested regarding me as described above. I release any person or entity that 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 Axtell Community School 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 the Axtell Community School's 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 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>

Last Name _____ First _____ Middle _____		
Other Names/Alias _____		
Social Security # <sup>2</sup> _____		Date of Birth <sup>2</sup> _____
Driver's License # <sup>2</sup> _____		State of Driver's License _____
Present Street Address _____		Phone Number _____
City/State/Zip _____		
All Previous Addresses in the last seven years _____		
_____		
_____		
Signature _____		Date _____

<sup>1</sup> A copy (including photocopy or facsimile copy) of this Authorization may be used as an original  
<sup>2</sup> The social security and driver's license numbers will be used to conduct background checks for employment purposes.