



Application for Employment
Classified Staff

1030 Court Street, PO Box 790, Gibbon, NE 68840
Phone: (308) 468-5721 Fax: (308) 468-5164

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, disability, national origin, or other protected classification. This position is subject to a veteran's preference.

Please PRINT your responses in ink.

Name: _____
Last First Middle Initial

Address: _____
Street City ST Zip

Home Phone: _____

Are you over 18 years old? () Yes () No How did you learn of this opening? _____

Are you authorized to work in the US on an unrestricted basis? () Yes () No

Have you worked at GPS before? () Yes () No Reason for leaving: _____

Are there any hours, shifts or days you cannot or will not work? _____

Shift Preferred: () Part Time () Full Time () Either Are you willing to work overtime? () Yes () No

EDUCATION:

_____	Diploma Received? () Yes () No	_____
High School Name & Location		Month/Year
_____	Degree Received? () Yes () No	_____
College / University		Month/Year
_____	Degree Received? () Yes () No	_____
College / University		Month/Year
Other Training/Education		

POSITIONS APPLIED FOR:

1. _____	2. _____
Wage or Salary desired: \$ _____	When can you start? _____

WORK HISTORY:

May we contact your present Employer? () Yes () No

Most Recent Employer	Address	Phone Number
Date Started: _____	Starting Salary: \$ _____	Starting Position: _____
Date Left: _____	Salary on Leaving: \$ _____	Position on Leaving: _____
Description Of Duties: _____		
Supervisor's Name & Title: _____		
Previous Employer	Address	Phone Number
Date Started: _____	Starting Salary: \$ _____	Starting Position: _____
Date Left: _____	Salary on Leaving: \$ _____	Position on Leaving: _____
Description Of Duties: _____		
Supervisor's Name & Title: _____		
Previous Employer	Address	Phone Number
Date Started: _____	Starting Salary: \$ _____	Starting Position: _____
Date Left: _____	Salary on Leaving: \$ _____	Position on Leaving: _____
Description Of Duties: _____		
Supervisor's Name & Title: _____		

I certify that the facts set forth in the Application of Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. I authorized the District to make an investigation of any of the facts set forth on this Application. I understand that employment is subject to any required verification of references, physical examination, and satisfactory completion of a training period.

I understand that employment at this District is "at will", which means that either I or the District can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the District, other than the Superintendent, has any authority to alter the foregoing. Upon termination/resignation, I authorize the release of reference information regarding my work.

Applicant's Signature: _____

Today's Date: _____

WORK REFERENCES: Please do not list friends and relatives. Complete as fully as possible.

Name: _____	_____
	Title/Relationship
Company: _____	_____
	Phone
Address: _____	_____
Street/PO Box	City
	ST
	Zip
Name: _____	_____
	Title/Relationship
Company: _____	_____
	Phone
Address: _____	_____
Street/PO Box	City
	ST
	Zip
Name: _____	_____
	Title/Relationship
Company: _____	_____
	Phone
Address: _____	_____
Street/PO Box	City
	ST
	Zip
Name: _____	_____
	Title/Relationship
Company: _____	_____
	Phone
Address: _____	_____
Street/PO Box	City
	ST
	Zip

I authorize any person, organization, or company listed on the Application to furnish Gibbon Public Schools with any and all information concerning my previous employment, education, and qualifications for employment. I also authorize Gibbon Public Schools to request and receive such information.

The release in any manner of all information is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, or firms from any liabilities resulting from providing such information.

Applicant's Signature: _____ Today's Date: _____

Print Name: _____

The Gibbon Public Schools does not discriminate on the basis of sex, race, national origin, religion, marital status, age, or disability in admission or access to, or treatment or employment in, its programs and activities. It is the intent of Gibbon Public Schools to comply with both the letter and the spirit of the law in making certain discrimination does not exist in its policies, regulations and operations. Grievance procedures have been established for anyone who feels discrimination has been shown by Gibbon Public Schools. Inquiries regarding grievance procedures or the application of these policies of nondiscrimination can be obtained by contacting Superintendent, P.O. Box 790, Gibbon, NE 68840, (308) 468-6555, or the Director of the Kansas Office of Civil Rights, U.S. Department of Education, 8930 Ward Parkway, Suite 2037, Kansas City, MO 64114, (816)268-0550, the Nebraska Equal Opportunity Commission, State Office Building, 301 Centennial Mall South, 5th floor, P.O. Box 94394, Lincoln, NE 68509-4934, (402)471-2024 or (800)642-6112 or by email to OCR, KansasCity@ed.gov