

Osmond Community School  
P.O. Box 458 202 West Prairie Street  
Osmond, NE 68765-0458

**Applicant:** Please send this job application along with references to: Superintendent of Schools, address above.

**Non-Certified Application Form**

<b><u>General Information</u></b>			Date of Application
Last Name	First Name	Middle Initial	Telephone Number  (        )
Present Address: Number and Street			Social Security Number
City, State, Zip			Do You have transportation? _____ Yes    _____ No
If previously employed, was it under your present name? _____ Yes    _____ No If no, please list other names and companies worked under those names:			Are you a U.S. Citizen? _____ Yes    _____ No
Have you ever been in the United States Military? _____ Yes    _____ No If YES, Dates: FROM _____ TO _____ If you have been convicted of a crime other than a minor traffic violation, please explain.			
Convictions will not necessarily exclude you from employment consideration.			

<b><u>Type of Work Desired:</u></b>		
Date Available:	Salary Required:	Do you restrict your availability to specific hours? _____ Yes    _____ No  If YES specify hours:
Who referred you to us or how did you find out about the position?		
Previously employed by another School District? _____ Yes    _____ No    If YES, Dates: FROM _____ TO _____		
School's Name _____		

Schools Attended Past and Present	Name & Location of School	No. of Years	Graduation Date	Course/Major
High School				
College				
Graduate School				
Other				
List other clerical or mechanical skills or formal training programs attended, including military:				

Beginning with present or most recent position, list past employment, including military:

Company Name and Address:			Position Title		
Supervisor's Name:		Supervisor's Title:		Starting Salary;	Final Salary:
Starting Date:	Leaving Date:	Reason for Leaving:			
Duties and Responsibilities:					
Company Name and Address:			Position Title		
Supervisor's Name:		Supervisor's Title:		Starting Salary;	Final Salary:
Starting Date:	Leaving Date:	Reason for Leaving:			
Duties and Responsibilities:					
Company Name and Address:			Position Title		
Supervisor's Name:		Supervisor's Title:		Starting Salary;	Final Salary:
Starting Date:	Leaving Date:	Reason for Leaving:			
Duties and Responsibilities:					
Use this space for comments or information not covered elsewhere:					

The statements on this application are true and complete. I authorize the company to verify any information stated on this application. I understand that if I am employed, any misrepresentation is cause for dismissal. I agree to submit to a physical examination, if requested to do so by the School District. I understand a background check will be done on all new hires.

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

Date \_\_\_\_\_

**POST-EMPLOYMENT INFORMATION APPLICANT: DO NOT WRITE IN THIS BOX!**

Date of Birth:	Marital Status:	Maiden Name:	Drivers License Number:		
Name of Person to Notify in case of Emergency:				Relationship:	
Address (Include City and State):				Telephone: ( )	
Spouse's Name: Last	First	Middle Initial:	Employer	Spouse's Date of Birth:	
Interviewed by: _____ (Initials and Date)			Date to Report to Work: _____		
Skills Test Results _____			Department _____		
Comments: _____			Job Title: _____		
_____			Pay Rate: _____		
_____					