Conestoga Public Schools APPLICATION FOR EMPLOYMENT For Non-Certified Personnel

Conestoga Public Schools is an Equal Opportunity Employer

First Name:	Middle:	_ Last Name:		
Mailing Address:				
City:	State/	Zip:		
Email Address:				
EMPLOYMENT DESIR	RED:			
Part-Time	Full Time			
Substitute	Administrative Assistant	Paraprofes	ssional	
Food Service	Maintenance/Custodial	_		
Are you currently empl	oyed?			
May we inquire of your	present employer? Y/N (circle)		
Date you can begin en	nployment			
Salary Desired:				
	PLEASE SUBI	MIT A RESUME IF A	VAILABLE	
Qualifications specific	to position:			
	to pooliion.			
FORMER EMPLOYER	RS: (BEGIN WITH MOST REC	ENT POSITION)		
Date of Employment	Name and Address of Emp	loyer Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

The Conestoga Board of Education has adopted policy 3057 regarding Title IX, the prohibition against discrimination on the basis of sex, and grievance procedures for complaints. This policy and other Title IX information can be accessed athttps://www.conestogacougars.org/domain/566.

In addition, you may contact Nicholas Krause, Title IX Coordinator, in person, by mail, by telephone, or by electronic mail at 8404 42nd Street, Murray, NE 68409,

1.			
2.			
PLEASE SUBN	MIT A COPY OF A HIGH SCHOOL DIPLO	MA, ASSOCIATE'S DEGREE	E, OR COLLEGE TRANSCRIPTS:
Education	Name and Location of School	Years Attended	Date Graduated Degree
High School or	r GED:		
College:			
Trade/Busines	ss School:		
Subjects of Sp	pecial Study:		
U.S. Military: _			
Present memb	pership in National Guard or Reserves:		
Activities other	r than religious:		
(Exclude organi	izations, the names or character of which in	dicates the race, creed, color	r or national origin of its members)
Have you ever	r worked for Conestoga Public Schools	or another school in a full	time capacity? Y/N (circle)
Have you ever	r contributed to the Nebraska Retirement	nt System? Y/N (circle)	
Do you still ha	ve an open account with the Nebraska	Retirement System? Y/N (circle)
I autho	rize the investigation of all statemen		
	misrepresentation or omission o	t facts called for is cause	e for dismissal.
		_	
Signature			
Date of applica	ation		

Give below the names of two persons not related to you, whom you have known at least one year.

Business

Years Acquainted

Phone

REFERENCES:

Name

Address

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402-235-2271, or nkrause@conestogacougars.org if you have further questions, concerns, or to file a complaint.