

CREIGHTON COMMUNITY SCHOOLS



"Job Application"

NAME: _____ SSN: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ OTHER PHONE: _____

POSITION APPLYING FOR: _____

PREVIOUS EMPLOYMENT (Please List Previous 3 positions):

Employer	Position	Dates of Employ.	Supervisor	Phone #

EDUCATION:

Education	School	Degree/Year
High School		
College		
College		

REFERENCES (List 3):

Name	Relationship	Phone #

APPLICANT SKILLS:

**CREIGHTON COMMUNITY SCHOOLS
BACKGROUND CHECK & AUTHORIZATION**

Have you ever been charged or arrested for any offense other than a minor traffic ticket?

YES: ___ NO: ___

Have you ever had any license, permit, or certificate terminated, revoked, or suspended?

YES: ___ NO: ___

Have you ever been involuntarily terminated from any job or asked to resign from any job for reasons relating to your behavior or job performance?

YES: ___ NO: ___

I understand that Creighton Community Public School may request an investigative consumer report for purposes related to employment. This report may include information as to my character, reputation, and/or personal characteristics. The investigation may include obtaining information from public and private sources about me: criminal history, military record, employment record, driving record, workers compensation record, and credit record.

I authorize and give consent to Creighton Community Schools 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 and consent to the above background check and realize an additional background check from a third party may be requested.

LEGAL NAME (Printed): _____

SIGNATURE: _____ DATE: _____

I 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 it is my responsibility to immediately provide updated, correct information if any of the information changes at any time. I understand that any omission, falsification or misrepresentation made by me on this application will be sufficient grounds for failure to employ me or for my discharge should I become employed with the Creighton Community Public School.

SIGNATURE: _____ DATE: _____

****Please provide a copy of your Driver's License at the time of completing your application.**

**RETURN COMPLETED APPLICATION TO:
OFFICE OF THE SUPERINTENDENT
PO BOX 10
CREIGHTON, NE 68729**