

**WAKEFIELD COMMUNITY SCHOOL**

802 Highland Street, PO Box 330  
Wakefield, Nebraska 68784-0330  
402-287-2012

**APPLICATION PROCESS FOR ELEMENTARY TEACHER**

When applying for a position with the Wakefield Community School, an applicant must take the following steps to complete the application process:

1. Submit a letter of application.
2. Submit completed application form (Original Copy)
3. Submit credentials (Including three letters of reference)
4. Send transcripts of undergraduate and graduate coursework
5. Submit a complete resume
6. Background Check Authorization (Original Copy)
7. Agency Request for Information from the Nebraska Adult and Child Abuse and Neglect Register/Registry (Original Copy)
8. Non-Discrimination and Verification (Original Copy)

All information must be mailed to:

Clayton Waddle, Superintendent  
802 Highland Street, PO Box 330  
Wakefield, Nebraska 68784-0330

A digital copy of this information is located on our website at <http://www.wakefieldschools.org> under the Job Openings tab.

Applications will be reviewed immediately. The position will remain open until filled.

# WAKEFIELD COMMUNITY SCHOOL

802 Highland Street, PO Box 330  
Wakefield, Nebraska 68784-0330  
402-287-2012

## APPLICATION FORM FOR TEACHER

### APPLICATION OF

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Last Name	First	Middle
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Present Address	City-State	Zip Code
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Phone

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Permanent Address	City-State	Zip Code
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Phone

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Date

**FOR PROFESSIONAL POSITION OF**  
**(Indicate grades, subjects, or assignments in order of preference)**

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The applicant should exercise the greatest care in completing this form. An applicant must hold valid Nebraska Certificate or show evidence that one can be issued prior to the beginning of the school term.

## DATA

Present Salary? \_\_\_\_\_

Are you now under contract? \_\_\_\_\_ Where? \_\_\_\_\_

Can you obtain a release? \_\_\_\_\_

When could you begin work with the Wakefield School District \_\_\_\_\_

Have you any military obligations? \_\_\_\_\_ How will you meet them? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** These should be persons qualified to give information to show your fitness for the position you seek.

Name	Address and Telephone Number	Position
1.		
2.		
3.		
4.		

## PROFESSIONAL PREPARATION

Name of school and location	Dates	Degree Or Diploma	Major Subjects	Minor Subjects

**EXPERIENCE**

Place of Employment	Inclusive Dates	Nature of Work. Specify grade and/or subject area; special assignments

Reason for leaving last position? \_\_\_\_\_  
\_\_\_\_\_

Placement Office from which credentials will be sent: \_\_\_\_\_

**CERTIFICATION**

What Nebraska certificate do you now hold or will you be eligible for? (If you hold an out-of-state certificate, please designate which state.

Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Endorsements \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Have you ever failed to be re-certified? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ If answer is yes, attach a complete statement.

**WAKEFIELD COMMUNITY SCHOOL  
BACKGROUND CHECK AUTHORIZATION**

I understand that Wakefield 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.

I authorize and give consent to Wakefield 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 Wakefield Community School or its agent to release and disclose to Wakefield Community School or its agent any and all information or records requested regarding me as described above. I release any person or entity which provides information or records in furtherance of the 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 Wakefield Community School guidelines. Medical and workers compensation information will only be requested as part of the investigation and considered in employment decision 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 Wakefield Community School' 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 to 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.

\_\_\_\_\_  
**Printed** Legal Name of Prospective or Current Employee

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Legal **Signature** of Prospective or Current Employee

\_\_\_\_\_  
Date

Other Legal Names Used (Including Maiden): \_\_\_\_\_

A copy (including photocopy or facsimile copy) of this Authorization may be used as an original.

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**Non-Discrimination in Education Programs and Activities**

It is the policy of the Wakefield Community School, not to discriminate on the basis of race, national origin, creed, age, marital status, sex or disability in its educational programs, activities, or employment policies as required by Titles VI and VII of the 1954 Civil Rights Act, Title IX of the 1972 Education Amendments, the Section 504 Rehabilitation Act of 1973 and the Nebraska Equal Educational Opportunity Act. If you require special accommodations, please call Clayton Waddle at (402) 287-2012.

Any person who believes she or he has been discriminated against, denied a benefit, or been excluded from participation in any district education program or activity on the basis of sex, race or handicap in violation of this policy may grieve such matters using the adopted grievance procedures of this district. Such procedures shall provide the prompt and equitable resolution of complaints alleging acts of discrimination.

Inquiries regarding compliance with Title IX, Section 504, Title VI or the Nebraska Equal Opportunity in Education Act may be directed to Clayton Waddle, 802 Highland Street, PO Box 330, Wakefield, NE 68784-0330, (402) 287-2012 or in the case of Title IX and the Section 504 Rehabilitation Act to the Director of the Region VII Office for Civil Rights, 10220 North Executive Hills Boulevard, 8th Floor, Kansas City, Missouri 64153 or call (816) 891-8026.

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**VERIFICATION**

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 or any supplement to it will be sufficient grounds for failure to employ me or for my discharge should I become employed with the Wakefield Community School.

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Legal Signature of Applicant

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Date

**COMPLETE, SIGN, AND RETURN TO:**

WAKEFIELD COMMUNITY SCHOOL  
Mr. Clayton Waddle  
Superintendent  
802 Highland Street, PO Box 330  
Wakefield, Nebraska 68784-0330



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

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.**

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