



# Educational Service Unit 9

5807 Osborne Drive West  
Hastings, NE 68901-9158  
*An Equal Opportunity/Affirmative Action Employer*

## Application for Certificated Personnel

Telephone: (402) 463-5611  
FAX: (402) 463-9555  
TTY: (402) 462-9782

Website: [www.esu9.org](http://www.esu9.org)  
E-mail: [hr@esu9.us](mailto:hr@esu9.us)

Please type or print in ink your responses.

<b>For Office Use Only</b>
Interview Date _____

Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address \_\_\_\_\_  
(If different from present address.) (Street) (City) (State) (Zip)

Telephone Numbers: \_\_\_\_\_  
(Present) (Permanent, if different)

Social Security Number *(to be provided at time of interview)* \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_

Are you a former ESU 9 employee? Date of Separation \_\_\_\_\_  
 Date available to work with Educational Service Unit 9 \_\_\_\_\_

To avoid violating the Nebraska conflict of interest laws, list any service unit board member, local school district board member in the ESU 9 service area, or employee of ESU 9 that you are related to by blood or marriage and identify relationship.

To meet the minimum qualifications of an employee of ESU 9, you must:

- have a high school diploma or GED **AND**
- be a citizen of the United States or have authorization from the Immigration and Naturalization Service to work.

Do you have a high school diploma or GED?  Yes  No

Are you a U.S. citizen?  Yes  No

If no, do you have Employment Authorization?  Yes (documentation provided at interview)  No

Do you qualify for Veteran's Preference?  Yes (documentation provided at interview)  No

Do you have any physical condition or disability that would limit your ability to perform the job you are applying for?  Yes  No

If you answered "Yes," please describe your situation. What accommodations, if any, would be necessary to enable you to perform the job you are applying for?

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### I. POSITION DESIRED

*INSTRUCTIONAL* – check below the instructional area in which you are certified and seek assignment:

<input type="checkbox"/> Early Childhood Special Education	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Mentally Handicapped: Mild
<input type="checkbox"/> Mentally Handicapped: Moderate	<input type="checkbox"/> Mentally Handicapped: Severe/Profound	<input type="checkbox"/> Resource
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Other _____	

**II. EDUCATION**

University or College Work Resulting in Degree	Name of Institution (City, State)	Major	Hrs	Minor	Hrs	Year Graduated	Degree

**III. STUDENT TEACHING/CLINICAL PRACTICUM**

	From		To		School	Location	State	Grade and Subject Area
	Mo.	Yr.	Mo.	Yr.				
Student Teaching								
	Name of Cooperating Teacher							
	Name of Cooperating Teacher							

**IV. WORK EXPERIENCE (Include the last five employers)**

Years Taught	No. of Mos.	Position	Provide Complete Name and Mailing Address of School/Agency/Clinic/Other	Grades and Subject/Area	Full or Part Time	Reason for Leaving

Total number of years of Full Time teaching experience: \_\_\_\_\_

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**V. PERSONAL STATEMENT**

In your own words, please share your professional goals and philosophy as well as any additional information you desire that will afford an additional understanding of your qualifications.

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**VI. CERTIFICATION**

**Type of certificate now held:**

- None
- Valid Nebraska teaching certificate – Expiration date \_\_\_\_\_ Type \_\_\_\_\_ Level \_\_\_\_\_  
Areas of Specialization \_\_\_\_\_
- Valid certificate – other state (specify) \_\_\_\_\_

**Photocopy of current teaching certificate (front and back) required at time of interview.**

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**VII. REFERENCES**

List below names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals, superintendents, etc.. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals or others who have been associated with your student teaching/clinical practicum. Indicate with an (\*) any reference which is included in your credentials.

First and Last Name	Relationship	Complete Mailing Address Required (Include Zip Code)	Telephone	E-Mail

**VIII. AFFIRMATION**

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.

Furthermore, 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, and 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 or for my discharge should I become employed with the school district.

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
Legal Signature of Applicant

**Application must be signed. It is your responsibility to indicate if any of these conditions have changed prior to any employment with ESU 9.**

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All personally identifiable data items received by ESU 9 as a part of the application will be considered confidential and maintained in a manner that will assure confidentiality. Personally identifiable data items such as credentials, references, etc., shall not be released to another party or class of parties without your prior written permission.

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**Reminder to Applicant: Please submit a cover letter and resume with your application.**

**How did you hear about ESU 9?**

Referral Source:

- Employee
- Friend
- Newspaper
- Web site
- Social Media
- Other (please list)\_\_\_\_\_

**Certification:**

A degree certificate issued by the Nebraska Department of Education is required. Applicants should communicate with the Director of Certification, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987, regarding state certificates. Phone: 402-471-2497.

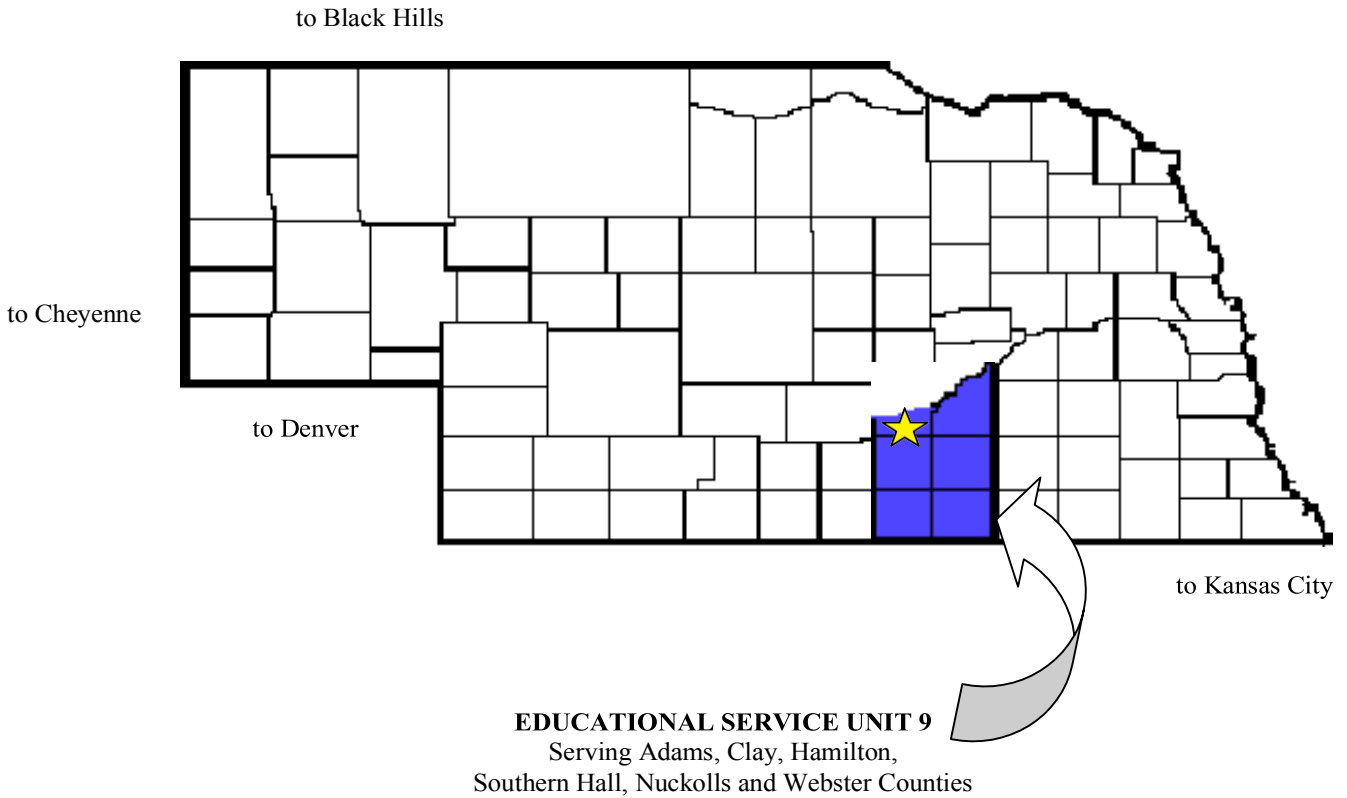
Fingerprint Requirement: All applicants for the first issuance of any certificate or permit to teach, counsel, supervise, or administer in elementary or secondary schools in Nebraska must file a complete set of his/her legible fingerprints with the Commissioner of Education or the Nebraska State Patrol unless the applicant has been a resident of Nebraska for at least five (5) years immediately preceding such application. The Commissioner of Education may deny issuance of a certificate or permit to any applicant who has a felony conviction or any misdemeanor conviction involving abuse, neglect, or sexual misconduct.

**Interviews:**

Interviews will be scheduled through the ESU 9 Personnel Office.

**Return to:**

Personnel Office, 5807 Osborne Drive West, Hastings, NE 68901-9158 or if submitting an application on-line, e-mail [hr@esu9.us](mailto:hr@esu9.us).



The ESU 9 board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

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