

Gretna Public Schools

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT FOR NON-CERTIFIED PERSONNEL

PERSONAL DATA

NAME OF APPLICANT _____
LAST FIRST MIDDLE

PHONE # SOCIAL SECURITY #

PRESENT ADDRESS CITY STATE ZIP

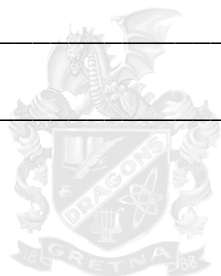
IF PRESENTLY EMPLOYED, STATE POSITION _____
IF EMPLOYED, WHEN WILL YOU BE AVAILABLE _____

SCHOOL RECORD INCLUDING PRESENT ATTENDANCE

	Name and Location of School	Years Completed
ELEMENTARY:	_____	_____
HIGH SCHOOL:	_____	_____
COLLEGE:	_____	_____
OTHER SPECIAL TRAINING:	_____	_____

POSITION DESIRED _____
FULL TIME _____ PART TIME _____

PLEASE LIST THE ABILITIES OR QUALITIES YOU HAVE THAT ENABLE YOU TO FILL THE POSITION FOR WHICH YOU ARE APPLYING.



continued other side



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

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: _____
Please do not use abbreviations

Address and Phone Number: _____

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.

