



320 North 5th Street  
 Beatrice, NE 68310  
 (402) 223-1512, Ext. 1016

**Application for BLAST (after school program) Personnel**

(Please Print)

POSITION(s) APPLIED FOR _____	DATE OF APPLICATION ____/____/____
HIRED ON: _____	TERMINATED ON: _____

Name: \_\_\_\_\_  
                   Last    First    Middle    Maiden

Address: \_\_\_\_\_  
                   Street    City    State    Zip

Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

If necessary, best time to call you at home \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we inquire of your present employer?  Yes  No

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give date: \_\_\_\_\_

Is any member of your family employed by the school?  Yes  No

What capacity: \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Are you a citizen of the United States of America?  Yes  No

Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse?  Yes  No

If your answer is yes, please give details.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any physical condition, which may limit your ability to perform the job applied for?  Yes  No

If yes, please explain \_\_\_\_\_

Special abilities or interests that you feel would qualify you for the position desired:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revised 6-5-16  
 BLAST Application

**Education**

	Name and Location of School	Last year Completed	Did you graduate?	Subjects studied & Degree(s) received
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Other		1 2 3 4	Yes No	

**Employment Experience:** (List below former employers, starting with the present or last one first.)

Month/Day/Year	Name and Address of Employer(s)	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References:** Give below the name of three references who are not related to you and are not previous employers.

Name	Complete Mailing Address	Telephone

I authorize any educational institution, government unit or other person or entity having any records or information concerning, me to furnish such records or information requested by Beatrice Public Schools and Beatrice Educational Foundation or their duly authorized representatives. I understand in executing this authorization I waive the right for such information to be privileged or private.

I certify that to the best of my knowledge all information is correct and all statements true. I understand that false statements or withheld information shall disqualify me from employment and if employed by Beatrice Public Schools/Beatrice Educational Foundation would be grounds for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTICE OF NONDISCRIMINATION - Beatrice Public Schools District 15 and Beatrice Educational Foundation do not discriminate on the basis of race, color, national origin, sex, disability, marital status or age in admission or access to, or treatment of employment in, its programs and activities. If you feel you have been discriminated against, or have inquiries regarding grievance activities or compliance with Title IX, Title VI or Section 504, contact, the Superintendent of Schools, Pat Nauroth Beatrice Public Schools, or Doris Martin, Beatrice Educational Foundation, 320 North Fifth Street, Beatrice, NE 68310 (402) 223-1500.

**This application for employment shall be considered active for a period of time not to exceed six (6) months.**