

Teacher Application Form

District #62-0063 Bridgeport Public Schools

Please return complete application to:
Bridgeport Public Schools
Attn: Superintendent's Office
PO Box 430
Bridgeport NE 69336
Tel. #:(308) 262-1470 Fax #: (308) 262-0444



Application files must be complete to be considered for initial screening. Application information may be either mailed or faxed (followed with mailing the original hard copy) to the Superintendent.

Complete application files include the following:

____ Letter of application ____ Complete transcripts of baccalaureate and graduate work
____ Resume ____ Professional credentials (prefer college confidential files)
____ Completed Application form (this form) ____ Copy of your certificate/license
____ Letters of recommendation (if desired)

Please complete this application in your own handwriting using blue or black ink.

Position applying for: _____ Date: _____

Name: _____

Mailing Address: _____ City: _____ State: _____

Home Telephone #: _____ Work Phone #: _____

Social Security #: _____ Driver's License#: _____

If we may contact you via e-mail about your application file, please print your e-mail address below:

Present Salary: _____ Current placement: _____

Name of Certificate(s) Endorsements Held: (use separate sheet of paper if necessary):

_____ State: _____ Expiration: _____

_____ State: _____ Expiration: _____

_____ State: _____ Expiration: _____

Highest Degree Earned	Date Awarded	Number of Graduate Hours completed beyond degree
BA/BS		
MA/MS		
Specialist/Ed.D. /PhD		

EDUCATION:

Institution	Dates Attended	Degree Received	Major	Minor

List any additional training, inservice, or professional membership/organization in which you have recently participated.

Subjects and Grade Levels Certified to Teach:

Subject	Grade Level(s)

TEACHING/ADMINISTRATIVE EXPERIENCE: Please list chronologically your teaching experience, and related work experience beginning with student teaching.

School/Agency	Location	Dates of Experience	Assignments	Supervisor

List at least three (3) individuals who will serve as references for you and have knowledge of your professional and personal skills. Two (2) of these must be professional references (for example, superintendent, immediate supervisor, or colleague). These references may be contacted.

	NAME	TITLE	ADDRESS	TELEPHONE #
PROFESSIONAL REFERENCE				
PROFESSIONAL REFERENCE				
PROFESSIONAL REFERENCE				
PERSONAL REFERENCE				
PERSONAL REFERENCE				

Please indicate the activities in which you participated either in college or in high school, and whether or not you would be willing to sponsor that activity.

Activity	Participation High School	Participation College	Training	Ability to Sponsor	Grade Level
	Yes No	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	Yes No	
	Yes No	Yes No	Yes No	Yes No	

IN YOUR OWN HANDWRITING: What interests, skills, hobbies, achievements, and/or experiences have you had that would be helpful to you as a teacher? (Use additional paper if necessary.)

1. Have you ever been convicted of a crime, other than a minor traffic violation? YES ___ NO ___

2. Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance or a child? YES ___ NO ___

3. Have you ever entered into a criminal diversion agreement after being charged with any offense described in question #2? YES ___ NO ___

4. Are criminal charges pending against you in any state involving any of the offenses described in question #2? YES ___ NO ___

If you answered YES to any of the questions listed above, please explain:
(Use additional paper if necessary.)

Applicant's Statement

These answers are true and complete to the best of my knowledge. The school may investigate all statements contained in this application and I understand that any false or misleading information provided during the application or interview process will result in the immediate discharge if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that if hired regardless of any oral representations to the contrary, the employee relationship between me and the school is Terminable-At-Will so that both the school and I remain free to choose or end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the school, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon school policy. I authorize the school to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this school against liability, which might result from making such investigation. I also understand that a background check will be performed prior to hire.

Additionally, I authorize the school to supply my employment record in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the school deems appropriate.

Signature of
Applicant _____

Date _____

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin or disability.

Revised 01/19/09