



NOME PUBLIC SCHOOLS
PO BOX 131
NOME, AK 99762
Phone (907) 443 – 2231
Fax (907) 443- 5144

CLASSIFIED EMPLOYMENT APPLICATION

NOTE: Resumes are accepted but will not be used as a substitute for any section of this application.

| | |
|--|--|
| Position(s) Applied For | Date Available to Start |
| Last Name | First Name, Middle Name |
| Home Phone (Cell Phone) | Business Phone |
| Mailing Address | City State Zip Code |
| Driver's License Number/State of Issue | May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address | |

Have you ever been convicted of a crime? YES NO

If you answered YES, in which state? _____

If you answered YES, please give details: _____

Have you ever been fired, terminated or asked to resign from any job you have held?

YES NO

If you answered YES, please give details: _____

In the past two years, how much time have you lost due to illness? Explain. _____

EDUCATION AND TRAINING

High School (Name and Address) _____

Date Graduated _____

Higher Education

| Name and Location | Dates Attended | No Sem Hours | No Qtr Hours | Degree | Major/Subject Area |
|-------------------|----------------|--------------|--------------|--------|--------------------|
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JOB CLASSIFICATION

Please check the job classification(s) you are applying for:

- Office & Clerical
 Cafeteria Cook
 Maintenance
 Substitute Teacher/Instructional Paraprofessional
 Substitute Teacher
 Instructional Paraprofessional
 Both

SKILLS AND EQUIPMENT

Please complete only the section(s) that apply to the job classification(s) you are applying for.

Office & Clerical

Can you operate a keyboard? _____ words per minute _____ List types of computers you can operate _____

Job-related license or certificate(s) _____

Cafeteria Cook

Do you have experience cooking for large groups (restaurants, institutions, etc.)? Explain.

Do you have experience in menu planning and food ordering? Explain. _____

Do you have a Food Worker Card or a Certified Food Protection Manager Credential?

Maintenance

Can you read and write? _____ What heavy equipment can you operate? _____

What other equipment can you operate? _____

What equipment can you maintain? _____

Job-related license or certificate(s) _____

Substitute Teacher/ Instructional Paraprofessional

Check the school that you are willing to work with:

Elementary (K-6) ACSA(5-8) Junior High(7-8)

High School (9-12) All (K-12)

List any experience you have working with children: _____

Do you have a four year college degree? Yes No

WORK EXPERIENCE

Include all jobs you have held within the past five years. List jobs in chronological order with the most current position first. Include all employment over three months in length.

| | | |
|---|-------------------------|------------------------------|
| Most Recent/Present Employer | From | To |
| Address | Name of Supervisor | |
| City State Zip Code | Phone Number | |
| Job Title | Wages/Salary At Leaving | \$ Per |
| Duties | Hr/Week | Number of Persons Supervised |
| | Reason For Leaving | |

| | | |
|---|-------------------------|------------------------------|
| Employer | From | To |
| Address | Name of Supervisor | |
| City State Zip Code | Phone Number | |
| Job Title | Wages/Salary At Leaving | \$ Per |
| Duties | Hr/Week | Number of Persons Supervised |
| | Reason For Leaving | |

| | | |
|---|-------------------------|------------------------------|
| Employer | From | To |
| Address | Name of Supervisor | |
| City State Zip Code | Phone Number | |
| Job Title | Wages/Salary At Leaving | \$ Per |
| Duties | Hr/Week | Number of Persons Supervised |
| | Reason For Leaving | |

| | | |
|---|-------------------------|------------------------------|
| Employer | From | To |
| Address | Name of Supervisor | |
| City State Zip Code | Phone Number | |
| Job Title | Wages/Salary At Leaving | \$ Per |
| Duties | Hr/Week | Number of Persons Supervised |
| | Reason For Leaving | |

| | | |
|---|-------------------------|------------------------------|
| Employer | From | To |
| Address | Name of Supervisor | |
| City State Zip Code | Phone Number | |
| Job Title | Wages/Salary At Leaving | \$ Per |
| Duties | Hr/Week | Number of Persons Supervised |
| | Reason For Leaving | |

| | | |
|---|-------------------------|------------------------------|
| Employer | From | To |
| Address | Name of Supervisor | |
| City State Zip Code | Phone Number | |
| Job Title | Wages/Salary At Leaving | \$ Per |
| Duties | Hr/Week | Number of Persons Supervised |
| | Reason For Leaving | |

REQUEST FOR INFORMATION

APSIN Criminal Background Check Printout

APPLICANT: _____
(please print) Last First Middle

DOB: _____

Maiden Name, Previous Married Name, Aliases, and also known as:

Social Security Number

AK/Out of State Driver's License Number

Current Mailing Address

How long?

Current Residential Address

City, State, Zip Code

Previous Address

How long?

City, State, Zip Code

CRIMINAL RECORDS INFORMATION WAIVER AND FEE AUTHORIZATION

As an applicant for employment with Nome Public Schools, I hereby authorize Nome Public Schools to conduct a criminal history search. The search will require my fingerprints and use Alaska Public Safety System records and other such records as may be found in this State and any other State or Federal jurisdiction. I also authorize any law enforcement agency to release the above information to Nome Public Schools, Personnel Office, P.O. Box 131, Nome, Alaska 99762. I certify that the information I have given on this form is true and correct to the best of my knowledge. If hired, I authorize the required fee of approximately \$60 to be deducted from my first paycheck.

Signature of Applicant

Date

REFERENCES

Give three references that NPS may contact who have knowledge of your work background. Include your most recent immediate supervisor. You cannot use relatives or your spouse as a reference. Please include the mailing address and email address, if known.

| | |
|---------------|-----------------|
| Name | Mailing Address |
| Relationship | |
| Business | Phone Number |
| Email Address | |

| | |
|---------------|-----------------|
| Name | Mailing Address |
| Relationship | |
| Business | Phone Number |
| Email Address | |

| | |
|---------------|-----------------|
| Name | Mailing Address |
| Relationship | |
| Business | Phone Number |
| Email Address | |

AFFIDAVIT

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact of circumstance. I understand that any misrepresentation of material fact will be sufficient grounds for rejection of application, or removal from employment.

I authorize my present and previous employers to release to Nome Public Schools of the State of Alaska any information they may have regarding my character or employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to submit to such physical and/or metal examinations as may be required.

Signature

Date