

BENNINGTON PUBLIC SCHOOLS FOUNDATION ALL STAR KIDS EMPLOYMENT APPLICATION

Bennington Public Schools Foundation | 11620 N 156th Street, Bennington, NE 68007 | 402.672.4810 or 402.670.1690

FDawson@bennps.org or HMinchow@bennps.org

APPLICANT INFORMATION

Name of Applicant _____ Telephone _____

Address _____ Email _____

Social Security Number _____ DOB _____

Driver's License Number _____ State Issued _____ Exp. Date _____

Are you authorized to work in the U.S.? (Circle one) Yes No

*If answer is no, please explain _____

Have you ever been convicted of a felony or misdemeanor? (Circle one) Yes No

*If answer is yes, please explain _____

Do you have your own transportation? (Circle one) Yes No *If answer is no, list method of transportation _____

Desired Position: (Circle one) Child Care Assistant Assistant Site Director Site Director Pay Expected _____

What accommodations, if any, would be necessary to enable you to perform the job you are applying for?

Please describe your relevant child care experience _____

APPLICANT AVAILABILITY

School Year Availability: Please check all of the shifts you are available to work.

AM Shifts (6:15am-8:15am): ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Not Available PM Shifts

(2:45pm-6:00pm): ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Not Available

Summer Program Availability:

Please designate the hours you are available to work Monday through Friday, between the hours of 6:30am-6:00pm.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

When are you available to start? _____

APPLICANT EMPLOYMENT HISTORY

Employer _____ Supervisor's Name _____

Address _____ Telephone Number _____

Date Hired _____ Date Resigned _____ Salary _____

Position Held & Responsibilities _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ Telephone Number _____

Date Hired _____ Date Resigned _____ Salary _____

Position Held & Responsibilities _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ Telephone Number _____

Date Hired _____ Date Resigned _____ Salary _____

Position Held & Responsibilities _____

Reason for Leaving _____

APPLICANT EDUCATION HISTORY

Name of School _____ Address _____

Number of Years Attended _____ Degree _____

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Number of Years Attended _____ Degree _____

Please list any additional training you may have, if applicable (ex: CPR, First Aid, Life Guard, etc.)

PROFESSIONAL REFERENCES

Name of Reference _____ Relationship to Applicant _____

Company _____ Position/Title Held _____

Address _____ Telephone _____

Name of Reference _____ Relationship to Applicant _____

Company _____ Position/Title Held _____

Address _____ Telephone _____

Name of Reference _____ Relationship to Applicant _____

Company _____ Position/Title Held _____

Address _____ Telephone _____

You may provide a personal resume in addition to the above information attached to this application.

BENNINGTON PUBLIC SCHOOLS FOUNDATION NOTICE OF NON-DISCRIMINATION

It shall be the policy of the Bennington Public Schools Foundation to employ the best qualified applicant for each position without regard to race, color, religion, sex, age, marital status, physical or mental disability or national origin, and to not fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex, age, marital status, disability, or national origin.

CONSENT & AUTHORIZATION OF APPLICANT

I confirm my answers to the questions in this employment application are accurate and complete. I understand that if I have omitted any material fact or have given any false information on this application, I may be disqualified from employment with the Bennington Public Schools Foundation, or if hired, I may be discharged upon discovery of each omission or false statement.

I authorize the Bennington Public Schools Foundation to contact all employers, references, government unit or institutes listed to request information regarding my dates of employment, job description, reason or reasons for termination, information regarding disciplinary actions, and any reports on file with the Child Abuse/Neglect Central Registry or law enforcement agencies.

I consent to the named persons or institutions furnishing such information orally, in writing, or by means of copies. I understand in executing this authorization I waive the right of such information to be privileged or private.

Signature of Applicant _____ Date _____



**Please submit your application to both
Education Program Coordinators:**

Faith Dawson

FDawson@bennps.org | 402.670.1690

Hayley Minchow

HMinchow@bennps.org | 402.672.4810