

WELCOME TO THE OMAHA PUBLIC SCHOOLS FOUNDATION & KIDS CLUB/ECE PRE-K!

Steps for Employment:

1. Fill out the paper packet and application for employment and return documents to Omaha Public Schools Foundation. You can deliver this in person or by email.
 - a. In Person: 3861 Farnam Street, Omaha NE, 68131
 - b. By Email: Sarah.Dragon1@ops.org or jenny.gowan@ops.org
2. Schedule a Fingerprint Appointment online and select 'Child Daycare Employee' for Appointment Type.
 - a. Please let us know when you have this scheduled as we will submit the paperwork for this appointment:

STATE PATROL FINGERPRINT LOCATION

Omaha – Troop A
4411 South 108th Street
Omaha, NE 68137
(402) 331-3333
Monday – Friday, 8:00 a.m. to 4:00 p.m.

PLEASE VISIT THE FOLLOWING WEBSITE TO SCHEDULE AN APPOINTMENT ONLINE

<https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index>

Note: this is the ONLY Location for Fingerprints. No Police Stations You will not be required to pay a fee.

3. We will be completing a Central Registry check prior to employment. The email you provide on the application will be used. You will receive an email from DHHS (Department of Health & Human Services). Please complete all the prompts that are required.
4. Prior to employment these items must be completed and given back to the office:
 - a. Fingerprint Eligibility Letter
 - b. Central Registry letter
 - c. OPD Background Check

^ THE ABOVE STEPS MUST BE COMPLETED PRIOR TO START DATE ^

Once we have all the necessary information, we will reach out to let you know that you are clear to work!

Upon employment you will be required to complete:

- d. Prepare to Care Training (DHHS)
- e. CPR Training (In-House)
 - i. Both will have emails sent to you from the OPSF office.

**Thank you for applying for the OPSF Kids Club/ECE Pre-K Program!
We look forward to a great school year together!**



Omaha Public Schools
FOUNDATION

EMPLOYEE APPLICATION

Please provide complete and accurate information on the form below.

PERSONAL:

Name: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Social Security #: _____

For what position are you applying? _____

How did you learn about the position? _____

Do you have experience working with children? (Please describe) _____

Please list any special skills you may have that would help you in working with children _____

Are you currently certified in CPR and First Aid? _____

Do you have any physical conditions or disabilities that would limit your ability to perform the job for which you are applying? Yes _____ No _____ If yes, please explain: _____

Email address: _____

EDUCATION:

	No. of Years Attended	Name of School	City & State	Diploma/GED Yes / No
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

EMPLOYMENT:

1. Employer : _____ Supervisor 's Name: _____

Address: _____ Phone: () _____
Street City State Zip

Your position and responsibilities:

Reason for leaving: _____ Hire Date: _____ End Date: _____

May this employer be contacted for a reference? Yes ___ No ___

2. Employer: _____ Supervisor 's Name: _____

Address: _____ Phone: () _____
Street City State Zip

Your position and responsibilities:

Reason for leaving: _____ Hire Date: _____ End Date: _____

May this employer be contacted for a reference? Yes _____ No _____

3. Employer: _____ Supervisor 's Name: _____

Address: _____ Phone: () _____
Street City State Zip

Your position and responsibilities:

Reason for leaving: _____ Hire Date: _____ End Date: _____

May this employer be contacted for a reference? Yes _____ No _____

REFERENCES: Please list three non-relatives that can tell us about your abilities.

Name: _____ Phone: () _____

Address: _____
Street City State Zip

Name: _____ Phone: () _____

Address: _____
Street City State Zip

Name: _____ Phone: () _____

Address: _____
Street City State Zip

Emergency Contact: Name _____ Phone _____

I confirm that all the information on this application is accurate and complete. I understand that falsification on this, or any other employment document, is grounds for disqualification from employment or for dismissal from employment.

Date of Application _____ Signature _____

FOR OFFICE USE ONLY

I certify that _____ is qualified for the position of _____ rate of pay _____

Signature

Date

Hiring Date: _____

Termination Date: _____

08/17/21

Child Care Fingerprint Criminal History Check Application

Neb. Rev. Stat. §71-1912 requires all child care staff members and individuals residing in a child care home who are 18 years of age or older to submit criminal history background checks. This application must be completed for each required individual. Failure to complete this application in its entirety or inaccurately will result in delayed eligibility results.

Page 2: Completed by the Director/Owner/License Exempt Providers of the Child Care Program		
Is your child care program LICENSED ?	<input type="checkbox"/> Yes License Number: _____	<input type="checkbox"/> No ONLY applies to new applicants PENDING a License Number OR College students
Is your child care program license PENDING ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child care program LICENSE EXEMPT ? <i>License Exempt means: Providers not subject to state licensure, caring for children in the provider's own home (not including their own children) or in the home of the child; regulated by Child Care Subsidy.</i>	<input type="checkbox"/> Yes Subsidy Org or ID Number: _____	<input type="checkbox"/> No
Is your child care program PENDING a LICENSE EXEMPT number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care Program Name/License Exempt Program/College Program: _____ Address: _____ Phone Number: _____ Child Care Program Email: _____		
*For fastest outcomes, eligibility results can be provided via program's email.		
Instructions for Child Care Program	<ol style="list-style-type: none"> 1. Child care staff member/License Exempt Staff Member/College Students/Household Members complete Page 1 and Child Care Program/License Exempt Program/College Program complete Page 2 of this application. 2. Send this application to: DHHS.ChildCareLicensing@nebraska.gov OR DHHS Licensure Unit Children's Services Licensing PO Box 94986 Lincoln NE 68509-4986 If this application is NOT sent to Children's Services Licensing, a background check cannot be processed by the Nebraska State Patrol. 3. Complete the fingerprinting process with the Nebraska State Patrol https://statepatrol.nebraska.gov/services/fingerprinting OR If the location is not a Nebraska State Patrol Troop location, you must submit fingerprints to the following address: Nebraska State Patrol-Criminal Identification Division 4600 Innovation Dr Lincoln NE 68521 4. If a fee is required, payment must be made to Nebraska State Patrol. If payment is NOT made, background checks will not be processed. 5. A letter will be emailed to the email address(es) provided by the child care program and/or the applicant. The child care program is responsible for keeping a copy readily available. 	
I acknowledge that I understand the instructions above and attest the information provided by the applicant is true and accurate to the extent of my knowledge.		
Owner/Director Signature: _____ Date: _____		

Child Care Fingerprint Criminal History Check Application

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Privacy Act Statement (as of 3/30/2018):

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Child Care Fingerprint Criminal History Check Application

Neb. Rev. Stat. §71-1912 requires all child care staff members and individuals residing in a child care home who are 18 years of age or older to submit criminal history background checks. This application must be completed for each required individual. Failure to complete this application in its entirety or inaccurately will result in delayed eligibility results.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



**OMAHA POLICE DEPARTMENT
CRIMINAL HISTORY RECORD REQUEST**



TO BE USED BY NON-CRIMINAL JUSTICE AGENCIES

CRIMINAL HISTORY REQUESTED

PRINT ALL INFORMATION

Name (Last/First/Middle)		Date of Birth (Month/Date/Year)	Report Date (Month/Date/Year)
Maiden Name (Or Other Names Used)			Social Security Number (Optional)
Last Known Address			
City	State	Zip Code	

Name of Requesting Agency <i>Omaha Public Schools Foundation</i>		
Name and Phone Number of Individual Requesting Information <i>Staci Gowara 402-502-3032 Staci.gowara@ops.org</i>		
Mailing Address of Requesting Agency <i>3841 Farnam St</i>		
City <i>Omaha</i>	State <i>NE</i>	Zip Code <i>68131</i>

Staci Gowara
Signature of Individual Requesting Information

Fee: \$7.00 (Seven Dollars)

Submit all requests to:

OMAHA POLICE DEPARTMENT
RECORDS UNIT
505 S 15 STREET
OMAHA NE 68102-2769

Staci Gowara
Employee Completing Report

Health Information Report

A Health Information Report (HIR) is required to be submitted with initial applications. Staff responsible for the care and supervision of children must complete the HIR within 30 days of hiring. The HIR must be completed annually. All blanks must be completed. If needed, attach a separate page and clearly identify the question being answered. A positive response to a question will not necessarily prohibit the issuance of a license or a noncompliance with licensing standards. Failure to provide accurate information may result in a violation of regulations.

Name:				Birth Date:
Street Address:	City:	State:	Zip Code:	Telephone No.:

If applicable, indicate name and address of facility for whom you work:

Name of Facility:				
Street Address:	City:	State:	Zip Code:	

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to provide care/services in a competent, ethical, and professional manner? YES NO

If you answered YES to item #1 above, provide an explanation:	Date(s) of conduct or behavior:
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2. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, physical, emotional, or nervous disorder or condition) that in any way affects your ability to provide care/services safely and in a competent, ethical, and professional manner? YES NO

3. If your answer to Question 2 is yes, are the limitations caused by your condition or impairment reduced or lessened because you receive ongoing treatment or because you participate in a monitoring or support program? YES NO

“Currently” means that the condition or impairment could reasonably affect your ability to function as a care/service provider. If your answer to Item 2 or Item 3 above is YES, complete a separate **FORM A (Authorization for Release of Medical Information)**.

4. Within the past five years, have you given a condition or impairment as a defense, in mitigation, or as an explanation for your conduct or behavior as a response to any inquiry, investigation or any administrative or judicial proceeding by a school, government agency, professional organization, or licensing authority or in connection with an employment disciplinary or termination procedure? YES NO

If you answered YES to Item 4 above, provide the following:

Name of entity before which the issue was raised (i.e., court, agency, etc):			
Street Address:	City:	State:	Zip Code:
Nature of the proceeding:			
Date(s):	Conclusion, if any:		
Explanation:			

I HAVE READ THE FOREGOING DOCUMENT AND HAVE ANSWERED ALL QUESTIONS FULLY. THE ANSWERS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE NOT CHANGED THE QUESTIONS IN ANY MANNER.

Signature of Applicant or Provider

Date

EMPLOYEE CONSENT FOR DRUG AND/OR ALCOHOL TESTING

I have been informed of the Omaha Public Schools Foundation Substance Abuse Policy and agree to be bound to these programs thereby for purposes of applying for, accepting, or continuing employment with the Omaha Public Schools Foundation. I understand that these policies do not alter the Omaha Public Schools Foundation at Will Policy. I also hereby state that I am not a user of controlled substances, except as listed below under medical supervision.

I understand and consent to freely and voluntarily to the Omaha Public Schools Foundation's request for urine or another specimen or sample. I hereby release and hold harmless the Omaha Public Schools Foundation, the laboratory, their employees, agents, and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decision made concerning my application for employment, based upon the results of the tests. I consent to allow any Omaha Public Schools Foundation designated physician, laboratory, hospital, or medical professional (including a nurse) to perform appropriate chemical tests for the presence of alcohol, drugs, other controlled substances, and adulterants. I give my permission to any Omaha Public Schools foundation designated physician, laboratory, hospital, or medical professional (including a nurse or physician assistance) to release the results of these tests to the Omaha Public Schools Foundation, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

I understand that refusing or failing to submit the specimen or cooperate in any other way (including the use of an adulterant) is subject to disciplinary action up to and including termination of employment. I verify my consent by signing this document that I have been given the opportunity to ask questions and address concerns regarding this policy.

Employee's Name (PRINTED)

Employee's Signature

Date

Omaha Public Schools Foundation Representative Date

EMPLOYEE RECEIPT AND ACKNOWLEDGMENT

I have received a copy of the Omaha Public Schools Foundation Kids Club/Early Childhood Policies (which includes the Omaha Public Schools Foundation's Equal Employment Opportunity Policy, Harassment Policy, Workplace Violence Policy, and Substance Abuse Policy) and have either read it or have had it read to me. I also have access to the Omaha Public Schools Foundation's Procedures which are at every Kids Club location. I understand that this handbook supersedes all previous handbooks. I understand all its rules, policies, terms, and conditions, and agree to abide by them, realizing that failure to do so may result in disciplinary actions and/or termination. I specifically acknowledge that I have read the Equal Opportunity and Harassment Policies, I understand these policies, and I understand how to make any concerns I may have known to the Omaha Public Schools Foundation.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS TERMINABLE-AT-WILL, SO THAT BOTH THE OMAHA PUBLIC SCHOOLS FOUNDATION AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY REASON.

I understand that nothing in this handbook in any way creates an express or implied contract of employment between the Omaha Public Schools Foundation and me, but rather is intended to foster a better working atmosphere while the employee/employer relationship exists, I understand that the Omaha Public Schools Foundation has the right to interpret and change these policies in its discretion.

We hope your employment with us is marked with success and satisfaction. Please make a conscious effort to follow the rules and procedures contained in this handbook. Thank you for reading this handbook. Please sign below saying that you have read or acknowledge the handbook and return it to your supervisor as soon as possible.

Employee's Name (PRINTED)

Employees Signature

Date

Omaha Public Schools Foundation Representative Date

Nebraska Department of Health and Human Services
Orientation & Regulation Review
School Age Only Center Regulations 4-006.90A

I have had orientation on the following:

1. Job duties and responsibilities.
2. Infection control practices including proper hand washing techniques, personal hygiene, and disposal of infectious material.
3. Information on abuse, neglect, and sexual abuse of children and the state's reporting requirements.
4. School Age Only Center regulations.
5. Evacuation plans in the event of fire.
6. Safety plans in the event of a tornado.
7. Emergency preparedness in the event of a natural or man-made disaster.
8. The center's method of interacting with children and discipline policies.
9. I was given the website link or a copy of the School Age Only Center Regulations to read and review.

Employee's Name (PRINTED)

Employee's Signature

Date