



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



**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