



EMPLOYMENT APPLICATION
MINERAL COUNTY SCHOOL DISTRICT

P.O. BOX 1540
HAWTHORNE, NEVADA 89415
(775) 945-2403

An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make necessary arrangements.

Certificated applicants please complete:

- Letter of Interest
Full Application
Resume does not replace application
Three Letters of Recommendation Professional only
Five Professional references with current contact information*
Transcripts (unofficial is accepted until candidate is hired)
Copy(ies) of Credentials/ Certification

Classified/Confidential applicants please complete:

- Letter of Interest
Application
Five Professional references with current contact information*
Resume does not replace any part of the application

* Note - this is a required section of the application

Name _____ Date _____

List other names used, if any _____

Address _____

City _____ State _____ Zip Code _____

Telephone(s) Home (_____) Cell (_____) Work (_____)

Position Applied for _____

If offered employment, when can you be available to begin? _____

What type of employment will you accept? [] Full-Time [] Part-Time [] Temporary

Will you be available for shift work?(example: Custodial first/second shift) [] Yes [] No

Will you be available to work weekends and/or holidays if necessary? [] Yes [] No

Have you reviewed the job description or had the requirements of the job explained to you? [] Yes [] No

Do you understand the job requirements? [] Yes [] No

Can you perform the requirements of this job with or without reasonable accommodation? [] Yes [] No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age? [] Yes [] No

Applicant's Name _____

After an offer of employment, can you submit verification of your legal right to work in the United States? Yes No

LICENSES (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

Answer only if position requires.

Do you possess a valid driver's license? Yes No

If so, License expires _____ Class _____ Restrictions (if any) _____

For positions that require typing: I certify that I can type at a speed of _____ WPM.

List any special skills you possess and/or equipment or office machines you can operate

EDUCATION

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
1. Business/Technical/Vocational				
2.				
3. College/University (Undergraduate)				
4.				
5.				
6. Graduate School				
7.				
8.				

Applicant's Name _____

OTHER INFORMATION THIS PAGE MUST BE COMPLETED

Failure to respond to each statement accurately and honestly may be cause for disqualification as an MCSD employment applicant.

If you are not a current District employee, have you previously worked for the District? Yes ___ No ___
When and Position? _____

Is a relative of yours currently employed by the District? Yes ___ No ___ Name: _____

Have you ever been asked to resign from a position of employment or been dismissed, fired, discharged or otherwise terminated for cause?

Yes ___ No ___ (if yes, please explain)

Have you ever been formally reprimanded, suspended, or otherwise disciplined?

Yes ___ No ___ (if yes, please explain)

Have you ever had a teaching license or certificate suspended or revoked?

Yes ___ No ___ (if yes, please explain)) N/A ___ (Not a Certified Applicant)

Applicant's Name _____

EMPLOYMENT HISTORY

This section is required

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other positions in order held, beginning with the most recent. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.) Yes No

Present Employer _____ Present Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone (_____)
Duties: _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone (_____)
Duties: _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone (_____)
Duties: _____

Reason for Leaving _____

Applicant's Name _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Duties: _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Duties: _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Duties: _____

Reason for Leaving _____

Mineral County School District
Professional Reference Form

Please list below 5 Professional references (such as previous supervisors, employers, co-workers, subordinates) with current contact information

1. Professional Reference Name _____
Relationship (example: Former Supervisor) _____
Company where you worked with them _____
Current mailing address for this reference _____
Current telephone for this reference _____
Email for this reference _____

2. Professional Reference Name _____
Relationship (example: Former Supervisor) _____
Company where you worked with them _____
Current mailing address for this reference _____
Current telephone for this reference _____
Email for this reference _____

3. Professional Reference Name _____
Relationship (example: Former Supervisor) _____
Company where you worked with them _____
Current mailing address for this reference _____
Current telephone for this reference _____
Email for this reference _____

4. Professional Reference Name _____
Relationship (example: Former Supervisor) _____
Company where you worked with them _____
Current mailing address for this reference _____
Current telephone for this reference _____
Email for this reference _____

5. Professional Reference Name _____
Relationship (example: Former Supervisor) _____
Company where you worked with them _____
Current mailing address for this reference _____
Current telephone for this reference _____
Email for this reference _____

Applicant's Name _____

ACKNOWLEDGMENTS THIS PAGE MUST BE COMPLETED

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Human Resources at (775)945-2403.

_____ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ This application is the property of Mineral County School District and will become part of my personnel file if I am hired.

_____ I authorize Mineral County School District to contact any employer or individual that I have listed on my employment application and/or résumé or mentioned during job interviews to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with Mineral County School District. In addition, I authorize Mineral County School District to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize Mineral County School District to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize Mineral County School District to contact any institution and/or licensing authority to verify my possession of education, Licenses, and/or certificates which may qualify me for employment.

_____ In exchange for Mineral County School District's consideration of my employment application, and/or any continued employment with Mineral County School District, I authorize anyone possessing information to furnish it to Mineral County School District upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Mineral County School District, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I further understand this consent will apply during the entire course of my employment with Mineral County School District should I obtain such employment. I understand and agree this consent shall remain in effect indefinitely.

_____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Mineral County School District. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Mineral County School District constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application. Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

_____ Per NRS 281.060(2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, if qualifications of applicants are equal: a) first, to a honorably discharged military personnel of the United States who is a citizen of Nevada; and 2) second to other citizens of Nevada.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

MINERAL COUNTY SCHOOL DISTRICT

**DRUG TEST INFORMED CONSENT:
APPLICANTS**

I, _____ [applicant name], as a condition of employment with the Mineral County School District hereby give my consent to this request to perform a comprehensive test to determine the absence or presence of drugs pursuant to the Mineral County School District's policy on a Drug- and Alcohol-Free Workplace. I give my consent to release the results of the test(s) and other related medical information to individuals with the Mineral County School District who have a need-to-know of the drug testing results and to the use of all such reports or other medical information by the Mineral County School District in its assessment of my employment application and/or employment status.

I understand that:

The department director and/or a medical review officer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

Mineral County School District will pay the cost of all required drug tests.

I will be notified of a positive test result in writing. The letter of notification will identify the particular substance found and its concentration level.

I have the right to request a retest of the initial specimen at a licensed laboratory of my choice, at my own expense, if I have a positive test for drugs. The results of the retest must be forwarded to me.

A positive test for illegal drugs or my refusal to authorize the test(s) by signing this form, take the specified test(s), or produce a specimen, will result in the rejection of my employment application for twelve (12) months.

Check One:

- I consent to a drug test
 I do not consent to a drug test

Applicant/Employee Signature

Date

Witness Printed Name

Witness Signature

Date

** Family members cannot witness legal documents*

Note: Under Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA), acquiring genetic information concerning an employee or the employee's family members is prohibited. As a result, this notice is being provided to ask that you do not provide any genetic information when responding to this request for medical information. Genetic information may include family medical history and/or results of a genetic test for you or your family.

MINERAL COUNTY SCHOOL DISTRICT
Request and Authorization to Release Information
Release of Liability/Claims and Agreement Not to Sue

To Whom It May Concern:

I the undersigned have applied for employment with the Mineral County School District. I request and authorize you to furnish to the Mineral County School District any and all information you may have regarding my employment, including but not limited to, evaluations, or assessments of my job performance and educational records.

You may be furnished with an Employment Verification Form used by the Mineral County School District to elicit and verify information related to my suitability for employment. I request and authorize you to provide the information requested on the form and return the completed form to the Mineral County School District, or to participate in a telephone or in-person interview with a representative of the Mineral County School District in which you provide the information requested on the form to the Mineral County School District representative.

In consideration of your cooperation with this request, I hereby release you, and any and all other persons employed by or connected with your agency/organization from and all liability and/or claims now and in the future arising from furnishing of any information, including good faith expressions of opinion, to the Mineral County School District as requested. I further agree not to sue the Mineral County School District, you, or any and all persons employed by or connected with your agency/organization as a result of the furnishing of any information, including good faith expressions of opinion, to the Mineral County School District.

I am aware and understand that the information and good faith opinions furnished to the Mineral County School District pursuant to this request will remain confidential with the Mineral County School District, if requested by you and will not be disclosed to me or to any other person, except as required by law.

Applicant's Name
Please Print

Applicant's Signature

Date

Note: Photocopy or FAX reproduction of this request shall be for all intents and purposes as valid as original. You may retain this for your files.