



# 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
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
3.				
4.				
Graduate School				
1.				
2.				
3.				

Applicant's Name \_\_\_\_\_

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**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 \_\_\_\_\_

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**ACKNOWLEDGMENTS THIS PAGE MUST BE COMPLETED**

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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 voluntary 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 \_\_\_\_\_

**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.*