



P.O. Box 118 1191 Edwards Street Panaca, NV 89042 Phone: 775-728-8000 Fax: 775-728-4435

Thank you for seeking employment with Lincoln County School District. Please make sure all pages of the application are completed and signed before turning in. Incomplete applications will not be looked at.

Applications will kept be on file with Lincoln County School District for 1 year. If you are applying for a position and it has been over a year since your last application, you will need to fill out a new application. If you have an application on file and wish to apply for an open position, you must call the District Office and ask for your application to be submitted for the position you wish to apply for.

Please call the District Office at 775-728-8000 with any questions.



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**LINCOLN COUNTY SCHOOL DISTRICT
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email address: _____

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

Position Applied for _____

How did you hear about this position? Advertisement Walk-In Referral (by whom?) _____

Other (explain) _____

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

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

Will you be available for shift work? Yes No

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

Have you been given a 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 essential functions 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

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

List other names, if any, you have used. _____

EDUCATION RECORD

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.				
Graduate School				

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.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Written fluency in _____

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

OTHER INFORMATION

Have you ever been disciplined in your employment related to workplace violence?..... Yes No

If yes, please explain.

Do you presently use illegal drugs?..... Yes No

Have you ever been employed by Lincoln County School District?..... Yes No

If yes, please provide the following information:

Department _____ Position Title _____

Dates of Employment _____ Reason for Separation _____

Are you related to anyone who is currently employed by Lincoln County School District?..... Yes No

If yes, please provide the following information:

Related person's name _____ Department _____

Relationship _____

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?..... Yes No

Do you have any pending court charges that have not been adjudicated?..... Yes No

If you have answered yes to either question, list all such offenses and provide date, name of court, and disposition (if any). You may omit minor traffic violations for which you paid a fine of \$50 or less. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

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 _____

Supervisor's Name/Title _____ Telephone (____) _____

Related 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 _____

Supervisor's Name/Title _____ Telephone (____) _____

Related 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 _____

Supervisor's Name/Title _____ Telephone (____) _____

Related 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 _____
Supervisor's Name/Title _____ Telephone (____) _____
Related 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 _____
Supervisor's Name/Title _____ Telephone (____) _____
Related Duties:

Reason for Leaving: _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.

ACKNOWLEDGMENTS

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 Lincoln County School District Office 775-728-8000.

- _____ 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 Lincoln County School District and will become part of my personnel file if I am hired.
- _____ I authorize Lincoln County School District to contact any employer or individual 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 Lincoln County School District. In addition, I authorize Lincoln 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 Lincoln 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 Lincoln 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 Lincoln County School District consideration of my employment application, and/or any continued employment with Lincoln County School District, I authorize anyone possessing information to furnish it to Lincoln County School District upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Lincoln 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 Lincoln County School District should I obtain such employment. I understand and agree this consent shall remain in affect 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 Lincoln 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 Lincoln County School District constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that Lincoln County School District is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to Lincoln County School District. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
- _____ 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 an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) 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 _____

**LINCOLN COUNTY SCHOOL DISTRICT
PROSPECTIVE EMPLOYEE SEXUAL OFFENSE INQUIRY FORM**

Pursuant to Nevada Assembly Bill 362, which took effect on July 1, 2017, each applicant for Lincoln County School District must complete this form in its entirety.

I. EMPLOYMENT INVOLVING DIRECT CONTACT WITH CHILDREN

Please set forth all current and prior employers for whom you have worked in a position involving direct contact with children. For each, please provide the dates of employment and the telephone number and e-mail address of a Human Resources contact at the employer.

EMPLOYER	DATES OF EMPLOYMENT	CONTACT (NAME, TELEPHONE, E-MAIL)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

I. AUTHORIZATION TO RELEASE INFORMATION PERTAINING TO SEXUAL OFFENSES

II.

I hereby authorize each employer listed in Section I above to release to **LINCOLN COUNTY SCHOOL DISTRICT** the following information: (i) dates of employment; (ii) the existence and outcome of any investigations conducted by the employer concerning an alleged sexual offense, provided that the investigation did not conclude that the allegations were false, unfounded, unsubstantiated, or inconclusive; (iii) any discharge, discipline, non-renewal of a contract, resignation, or separation from employment during the pendency or upon conclusion of an investigation concerning an alleged sexual offense; and (iv) any suspension, revocation, or surrender of a license or certificate during the pendency or upon conclusion of an investigation concerning an alleged sexual offense.

Signature: _____ Date: _____

Print Name: _____

I. STATEMENTS PERTAINING TO SEXUAL OFFENSES

I [have ___ have not ___] been the subject of an investigation concerning an alleged sexual offense conducted by any current or former employer, licensing agency, law enforcement agency, agency which provides child welfare services, agency which provides child protective services, or a similar agency. (Note: Applicant is not required to answer this question in the affirmative if, upon conclusion of the investigation, the employer or agency determined that the allegations were false, unfounded, unsubstantiated, or inconclusive.)

I [have ___ have not ___] been discharged, disciplined, had a contract not renewed, asked to resign from employment, resigned from employment, or otherwise separated from employment while an investigation concerning an alleged sexual offense was pending or upon conclusion of an investigation in which I was found to have committed the sexual offense.

I [have ___ have not ___] had a license or certificate suspended or revoked, or been required to surrender a license or certificate while an investigation concerning an alleged sexual offense was pending or upon conclusion of an investigation in which I was found to have committed the sexual offense.

I hereby certify that the foregoing statements are true and accurate. I am aware that if any of these statements are willfully false, the **LINCOLN COUNTY SCHOOL DISTRICT** may withdraw consideration of my application and I may be subject to penalties and/or punishment as prescribed by law.

Signature: _____ Date: _____

Print Name: _____