

INFORMATION FOR APPLICANTS

Thank you for your interest in serving the Lincoln County School District. Because your qualifications will be initially determined on the basis of the information provided in the application, it is essential that this application form and all other supporting documents be complete and accurate in every respect. Resumes and vitas will be accepted; however, a thoroughly completed signed application form is required in order for you to be considered for the position. Therefore, **do not use the phrase “see resume”** or similar in the application or you will be subject to disqualification from the screening process.

To assist you in this procedure, we are providing these additional instructions for preparing the enclosed application materials:

1. Applications should be submitted only by persons who meet **all** of the required qualifications as indicated in the job specifications. Please review a copy of the job description before preparing and submitting the application.
2. For the sake of clarity, **every** item should have either an entry or the word “none” or “not applicable.” It is recommended that applicants use a typewriter (for hard copy) or a computer (for online form) in completing these forms.
3. Verification of technical skills or certificates of completion for training programs may be provided with application. In some instances, providing current skills certificates will permit a waiver of competency tests otherwise required for employment. Contact the District Office if you have specific questions.
4. Letters of recommendation from prior employers, supervisors, and/or training instructors are desirable and should accompany application if available and if they would assist in determining your overall qualifications for the position you are seeking.
5. Illegible or incomplete applications will not be processed. Please use care when filling out this application form.
6. Be sure to check the position announcement to see if any additional information is required to be submitted in addition to this application form. Completed application papers must be filed with the District Office no later than the deadline shown on the announcement. Candidates are encouraged to return their applications as early as possible.

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Should you need any assistance in filling out this form, please contact the District Office at 775-728-8000.

*Lincoln County School District is an
Equal Employment Opportunity Employer.*

Lincoln County School District (LCSD)

Certificated Service Application Form

Special Note: Please read carefully all instructions prior to completing this application.

Position Applied For:

Name:		Date:
Address:		
Work Phone:	Home Phone:	Cell Phone:
Email:	Date Available for Employment:	

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

EDUCATION

List each college or university from which you have received a degree. Indicate the number of graduate credits beyond your Bachelors degree. List your most recent education first. Enclose copies of official transcripts with this application **ONLY** if required on vacancy announcement.

School or Institution and Location	
Major:	Minor:
Degree or Graduate Credits	

School or Institution and Location	
Major:	Minor:
Degree or Graduate Credits	

School or Institution and Location	
Major:	Minor:
Degree or Graduate Credits	

School or Institution and Location	
Major:	Minor:
Degree or Graduate Credits	

Previous Administrative Experience: If applying for an administrative position (*List most recent position first.*)

Position Title	Part-Time or Full-Time	School/District	Dates	
			From	To

OTHER INFORMATION

If the answer is “yes” to any of the following questions, attach a separate sheet to this application explaining fully the circumstances involved.

- Yes No Have you ever had any credential, application, permit, license or other document authorizing public school service or teaching suspended, revoked, voided, denied and/or otherwise rejected for cause in Nevada or any other state or place?
- Yes No Have you resigned from or otherwise left public or private school employment to avoid investigation for alleged misconduct and/or dismissal in Nevada or any other state or place?
- Yes No Have you ever been dismissed or not reemployed in any probationary or permanent teaching position?
- Yes No Have you ever been disciplined in your employment related to workplace violence?
- Yes No Are you now the subject of any inquiry, disciplinary action, review or investigation by a teacher licensing agency, or in the courts of Nevada or any other state in connection with any alleged misconduct?
- Yes No Is any adverse action now pending against any credential/permit/waiver you hold which authorizes public/private school service or teaching in Nevada or any other state?
- Yes No Do you presently use illegal drugs (including marijuana)?

REFERENCES: (a minimum of 3 references are requested from all applicants.)

- a. Supervisor References:** Other than your current supervisor, who is listed previously, you should list those individuals under whom you served for a minimum of one year during the previous ten years.
- b. Other Professional References:** You may list other professional references who are capable of attesting to your ability to perform in the position(s) for which you have applied.

(Check box "a" if it is a Supervisor reference, and box "b" if it is an Other Professional reference.)

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

<input type="checkbox"/> a <input type="checkbox"/> b	Name:	Current Position:
Address:		
Telephone: (Home):		(Cell):

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 the 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 LCSD and will become part of my personnel file if I am hired.
- _____ I authorize LCSD to conduct a comprehensive review of my background which may include verification of employment, educational background, criminal/court history records check; credit report check; military records check; drug test for safety sensitive positions; character references, and other publicly available information deemed to be job related. In addition, if the position for which I am applying requires driving a vehicle, I authorize LCSD 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 LCSD 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 LCSD consideration of my employment application, and/or any continued employment with LCSD, I authorize anyone possessing information to furnish it to LCSD upon request, and I release the organizations and all individuals providing the information or acquiring the information, including LCSD, 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 LCSD 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 LCSD. 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 LCSD 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 LCSD 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 LCSD. 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 _____