

**EUREKA COUNTY SCHOOL DISTRICT
CERTIFIED 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: _____ Telephone: (____) _____

Position Applied For: _____

How did you hear about this position? _____

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

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

Do you understand the job requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodations? 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

School Name	Location	Years attended	Diploma	Major(s) / Minor(s)
High School:			Diploma: Yes No	-----
Colleges / Universities (list all below)	-----	-----	Degree / Year	-----

LICENSES: (Holding or able to obtain to appropriate Nevada licenses and endorsements is required for all educators.)

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

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

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

OTHER INFORMATION

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

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

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 Eureka County School District? Yes No If yes, please describe below:

Department _____ Position Title _____

Dates of Employment _____ Reason for Separation _____

Are you related to anyone who is currently employed by Eureka County School District? Yes No If yes, please provide the following information:

Related person's name: _____ Department: _____ Relationship: _____

EMPLOYMENT HISTORY

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 organization. Use additional sheets if necessary. Do NOT use references such as "See Resume" in place of completing this section.

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

Present Employer: _____ Present Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employment History (Continued)

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

Reason for Leaving: _____

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

Reason for Leaving: _____

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have any questions, contact Eureka School District, (Human Resources Department).

- 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 Eureka County School District and will become part of my personnel file if I am hired.
- I authorize Eureka County School District to contact any employer or individual that I have listed on my employment application and/or resume 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 Eureka County School District. In addition, I authorize Eureka County School District to conduct a background search which includes criminal history and military history. In addition, if the position I am applying for requires driving an employer vehicle, I authorize employer to conduct a Department of Motor Vehicles (DMV) search. If the position to 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 Eureka 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 Eureka County School District's consideration of my employment application, and/or my continued employment with Eureka County School District, if any, I authorize anyone possessing information to furnish it to Eureka County School District upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Eureka 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 Eureka 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 the Eureka 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 the Eureka 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.

Signature of Applicant: _____ **Date:** _____

EUREKA 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 Eureka County School District. I request and authorize you to furnish to the Eureka 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 Eureka 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 Eureka County School District, or to participate in a telephone or in-person interview with a representative of the Eureka County School District in which you provide the information requested on the form to the Eureka 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 Eureka County School District as requested. I further agree not to sue the Eureka 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 Eureka County School District.

I am aware and understand that the information and good faith opinions furnished to the Eureka County School District pursuant to this request will remain confidential with the Eureka 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 Printed Name

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.