

Applicant Name: \_\_\_\_\_



# Mineral County School District

751 A Street | P.O. Box 1540  
Hawthorne, NV 89415  
775-945-2403

## 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.				

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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) \_\_\_\_\_

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 asked to resign from a position of employment or been dismissed, fired, discharged or otherwise terminated for cause?  Yes  No

Have you ever been disciplined in your employment related to workplace violence?.....  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

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

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

If yes, please provide the following information:

Department \_\_\_\_\_ Position Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Separation \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

If yes, please provide the following information:

Related person's name \_\_\_\_\_ Department \_\_\_\_\_

Relationship \_\_\_\_\_

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### EMPLOYMENT HISTORY

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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 Resume" in place of completing this section.

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

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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: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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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: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

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: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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 Hope Blinco, (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 **Mineral County School District** and will become part of my personnel file if I am hired.
- \_\_\_\_\_ I authorize **Mineral County School District** 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 **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** 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 affect indefinitely.

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\_\_\_\_\_ 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 drug screening and physical examination upon conditional offer of employment. I understand that **Mineral 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 **Mineral 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** \_\_\_\_\_

**REFERENCES:**

***Please list below five 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 address 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 address 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 address 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 address for this reference \_\_\_\_\_
5. Professional Reference Name \_\_\_\_\_  
 Relationship (example: Former Supervisor) \_\_\_\_\_  
 Company where you worked with them \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Current mailing address for this reference \_\_\_\_\_

Current telephone for this reference \_\_\_\_\_

Email address for this reference \_\_\_\_\_

**Drug test Informed Consent:**

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 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 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.

Applicant Name: \_\_\_\_\_

**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(s) and return the completed form(s) 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 name printed

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Note to employers: Photocopy or fax reproduction of this request shall be for all intent and purposes as valid as the original. You may retain this for our files.