



TEMPORARY STUDENT HELPER APPLICATION 2024-2025

Welcome and thank you for your interest in temporary employment with Lyon County School District. Please return this completed application to Krystal Roberts (krystalroberts@lyoncsd.org) or fax to 775-463-6808, Thank you.

These positions are available to LCSD students; juniors and seniors preferred. Must be 16 years of age as of May 23, 2024. Nevada driver's license is preferred.

Pay rate is \$12.75 per hour. Groundskeeper pay rate \$ 14.24

Please circle preferred area: Dayton Fernley Silver Springs Yerington Smith Valley

Please circle preferred position of interest: I.T Clerk Custodian Groundskeeper Tutoring

Name: _____
(Last) (First) (MI)

Phone: _____

Email: _____

Address: _____
(Street) (City & State) (Zip Code)

In Case of Emergency contact:

(Name) (Relationship to you) (Phone)

SPECIAL MEDICATION INFORMATION IN CASE OF EMERGENCY: _____

Please provide two (2) references (non-relatives) who know you (ex: Principal, Assist Principal, Teacher)

(Name) (Relationship) (Phone)

(Name) (Relationship) (Phone)

1. Do you have a valid Nevada driver's license?
2. Do you have transportation to get you to a new location each day of the week?
3. Please share with us any experiences you may have had working in the position of interest?

4. For groundkeeper & Custodian: Do you have any physical limitations which would prevent you from working during the summer heat or winter cold and doing physical work? Do you have any other limitations?

5. For groundkeeper & Custodian: Do you have allergies that would prevent you from work?

I affirm that I have read and understand all the information on this Application and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that LCSD reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as an employee. I also understand that I can be released from this temporary assignment at any time.

(Signature)

(Print name)

(Date)