



APPLICATION FOR EMPLOYMENT WITH

# White Pine County School District

1135 Avenue C  
Ely NV 89301

775-289-4851  
775-289-3999 Fax

An Equal Opportunity Employer

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

| PERSONAL            | Last Name  | First Name           | Initial                     | e-mail |
|---------------------|--|----------------------|-----------------------------|--------|
|                     | Other surname(s) reflected on employment educational records |                      |                             |        |
| Present Address     | _____  |                      | _____                       |        |
|                     | <i>street/post office box</i>                                |                      | <i>city state -&amp;zip</i> |        |
| Permanent Address   | _____  |                      | _____                       |        |
|                     | <i>street/post office box</i>                                |                      | <i>city state -&amp;zip</i> |        |
| Phone Numbers       | _____  |                      | _____                       |        |
|                     | <i>Home phone</i>  |                      | <i>Cell phone</i>           |        |
| Date of Application | _____  | Date of Availability | _____                       |        |

| POSITION DESIRED         | If you are applying for a <b>regular elementary classroom</b> , designate in the order of preference the level for which you are applying and certified by writing the numerals, 1, 2, and 3 beside your choice. |   |                            |                              |                              |                              |                              |                              |
|--------------------------|--|---|----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
|                          | <input type="checkbox"/>   | Elementary  | <input type="checkbox"/> K | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd | <input type="checkbox"/> 3rd | <input type="checkbox"/> 4th | <input type="checkbox"/> 5th |
|                          | If you are applying to teach a <b>special area of subject</b> , designate your area and grade level:   |   |                            |                              |                              |                              |                              |                              |
|                          | <input type="checkbox"/>   | Middle School (Grades 6-8) State subject area preferences:  | 1. _____                   | 2. _____                     | 3. _____                     |                              |                              |                              |
|                          | <input type="checkbox"/>   | High School (Grades 9-12) State subject area preferences:   | 1. _____                   | 2. _____                     | 3. _____                     |                              |                              |                              |
| <input type="checkbox"/> | Administrator:   | <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Other |                            |                              |                              |                              |                              |                              |
| <input type="checkbox"/> | Support Staff :  | Please specify: _____   |                            |                              |                              |                              |                              |                              |

| LICENSURE | Do you hold a valid Nevada teaching license for the position(s) for which you are applying? |                              |                                 |
|-----------|---|------------------------------|---------------------------------|
|           | <input type="checkbox"/> No   | <input type="checkbox"/> Yes | If yes, complete the following: |
|           | <u>Kind of License</u>  | <u>Endorsements</u>          | <u>Provisions, if any</u>       |
|           | _____   | _____                        | _____                           |





**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 questions, contact WPCSD, 289-4851.

Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.

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.

Employment will be *at-will* unless specifically stated to be otherwise. *"At-will" means the employer may terminate my employment at any time with no advance notice and for any reason or no reason.*

This application is the property of the **employer** and will become part of my personnel file if I am hired.

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.

I authorize employer to contact any employer or individual that I have listed on my employment application and/or resume or mentioned in job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits, or other qualifications for employment and/or continued employment with employer.

I further authorize employer to contact any institution and/or licensing authority for job-related information regarding education, licenses, and/or certificates which I may currently hold or may have held in the past.

In exchange for employer's consideration of my employment application, and/or my continued employment with employer, if any, I authorize anyone possessing this information to furnish it to employer upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including employer, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but 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 course of my employment with employer, should I obtain such employment, I understand and agree this consent shall remain in effect indefinitely.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant**

**Date**

A C K N O W L E D G E M E N T S