

CERTIFICATION: A current Nevada certification is required. This is the applicant's responsibility. Please attach a copy.
 Do you hold a valid Nevada certification for the position for which you are applying?
 ___ No ___ Yes If yes, kind of certification/endorsements:

Grade Level: _____

Please check those activities in which you are able and willing to assist or sponsor, such as: ___ drill team, ___ yearbook, ___ newspaper, ___ student council, ___ cheerleaders, ___ dramatics, ___ speech, ___ instrumental music, ___ vocal group, ___ dance, ___ honor society, ___ art club, ___ pep club, ___ International club, ___ vocational club, ___ Future Business Leaders of America, ___ athletics (please specify sports); other (please specify):

Language Ability (specify) fluent in: _____ Conversant in: _____
 Other than English

Can read with understanding: _____

EDUCATION AND PROFESSIONAL TRAINING: Please list all educational institutions attended, listing the most recent institution first. Information provided should be complete as it is used as a preliminary basis for determining salary. Enter semester hours only. Semester hours equal quarter hours times 2/3. Attach additional sheet if necessary. It is the applicant's responsibility to provide official transcripts with application. Transcripts of all college and university work are required before a contract can be issued.

FROM		TO		NAME OF INSTITUTION	LOCATION		SEMESTER/ QTR HOURS	DEGREE/ DIPLOMA	MAJOR(S)	MINOR(S)
Mo.	Yr.	Mo.	Yr.		City	State				

ADDITIONAL INFORMATION:

Have you ever been charged, arrested, or convicted for a felony? Please type "Yes" or "No"

Have you ever been charged, arrested, or convicted for a sex offense? Please type "Yes" or "No"

IF YOU ANSWERED YES TO EITHER OF THE LAST TWO QUESTIONS, YOU MUST DIRECT A CONFIDENTIAL LETTER TO THE ASSOCIATE SUPERINTENDENT, HUMAN RESOURCES DEPARTMENT, EXPLAINING THE SITUATION.

Note: Existence of a criminal record does not constitute an automatic bar to employment.

ADMINISTRATIVE: List quasi/admin. and/or administrative experience related to the position for which you are applying. List in chronological order, beginning with most recent.

INCLUSIVE DATES				NO. YRS. IN EACH POSITION	(or) PART TIME	LOCATION		POSITION/ GRADE LEVEL	Include in each box the name of evaluating party
Mo.	Yr.	Mo.	Yr.			CITY	STATE		
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:

BREAKS IN SERVICE MUST BE EXPLAINED. PLEASE SUBMIT AN ATTACHED SHEET IF NECESSARY.

TEACHING EXPERIENCE: List in chronological order, beginning with most recent.

INCLUSIVE DATES				NO. YRS. IN EACH POSITION	(or) PART TIME	LOCATION		POSITION/ GRADE LEVEL	Include in each box the name of evaluating party
Mo.	Yr.	Mo.	Yr.			CITY	STATE		
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:
From		To							District: Administrator: Title:

BREAKS IN SERVICE MUST BE EXPLAINED. PLEASE SUBMIT AN ATTACHED SHEET IF NECESSARY.

ORIGINAL STATEMENT: Must be completed by each applicant. Please write a brief statement explaining why you chose to enter the teaching profession.

THIS APPLICATION IS NOT A CONTRACT OR OFFER OF EMPLOYMENT.

**TO RECEIVE CONSIDERATION FOR THE FOLLOWING SCHOOL YEAR,
APPLICANT SHOULD RENEW THIS APPLICATION NO LATER THAN MARCH 31ST OF EACH YEAR.**

REASONABLE ACCOMMODATION The Human Resources Department will make efforts to provide reasonable accommodations to disabled candidates in the employment process. If you have special needs, please notify the Human Resources Office at the time you turn in your application or at least three (3) days prior to an examination/interview by calling (775) 283-2130.

READ AND SIGN: I understand any false statements or misrepresentation of facts are grounds for dismissal or removal of consideration for employment. I hereby certify that the statements above are true and correct to the best of my knowledge and belief. I waive the right to hold liable those persons whose names appear on the application form. I understand that before any contract for teaching becomes effective or compensation is possible, I must personally obtain the information required for compliance with the Immigration Reform and Control Act of 1986, as well as the basic requirements and standards for licensure in the State of Nevada. The license must be filed with the Human Resources office. I further understand that if I am considered for employment with the Carson City School District and am related to a current member of the Board of School Trustees, Nevada law requires that such a relationship be reported prior to hiring. I have never been released from a teaching position nor have I been asked to resign for any reason. (In the event that applicant has been released or asked to resign, an explanation must be attached to the application.)

I authorize the Carson City School District or Its designated representative to request any information in writing or orally from my previous employers and professional references; I agree that all such information provided will remain confidential and unavailable for my review and I agree to hold the Carson City School District and its employees, as well as my previous employers and professional references, harmless as to any information provided. **Type your initials for Authorization.**

The Carson City School District supports and is committed to comply with the provisions of the Americans with Disabilities Act (ADA). Are you able to perform the essential functions of the job for which you are applying? Yes _____ No _____ If you require special accommodation(s): (1) How would you perform the tasks and (2) With what accommodation(s)? (Attach separate sheets as necessary.)

This employer does not knowingly discriminate on the basis of sex, sexual orientation, age, race, creed, disability, or national origin.

SIGNATURE OF APPLICANT

Initials of certification.