





**VOLUNTEER EXPERIENCE**

Please identify any volunteer service experience you may have had (i.e. school, service clubs community agencies) and/or identify any volunteer experiences that you may have had working with children or working in schools that may qualify you for the position you are seeking, beginning with the most recent:

**EDUCATIONAL AND PROFESSIONAL TRAINING**

Please list academic classes, skill training, and unique qualifications and/or other continuing education activities which have provided a background that may help to qualify you for the support staff position for which you are applying, (i.e., acquired through educational institutions, vocational training, seminars, trade schools, conferences, institutes, in-services, workshops, correspondence study, internships, apprenticeships). **NOTE: A copy of your high school diploma, GED, or college transcript is required**

Please check all that apply Diplomas/Degrees	Date Diploma/Degree Granted	Additional College Hours Earned Above	Name and Location Of Institution Or Agency
1. <input type="checkbox"/> H.S. Diploma _____			
<input type="checkbox"/> G.E.D. _____			
If you have not graduated identify highest grade completed: _____			
2. <input type="checkbox"/> Technical/Vocational School _____			
3. <input type="checkbox"/> A.A. Degree _____ School _____			
4. <input type="checkbox"/> B.A./B.S. _____			
<input type="checkbox"/> M.A. _____			
5. Other Training _____			

CURRENT CERTIFICATES OR LICENSES:	STATE ISSUED	EXPIRATION DATE
1.		
2.		
3.		

OTHER TRAINING: PLEASE LIST SEMINARS, CONFERENCES, IN-SERVICES, WORKSHOPS, ATTENDED RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (DO NOT LIST COURSES TAKEN AS PART OF DEGREE WORK.)

TITLE	TYPE OF TRAINING	YEAR
1.		
2.		
3.		
4.		

**JOB RELATED SKILLS AND TRAINING** (Verification may be required)

TYPING	SPEED:	WPM NET:
DICTION/SPEEDWRITING	SPEED:	WPM NET:
OTHER		

If the position requires, do you have appropriate valid driver's license?  YES  NO  
Drivers License # \_\_\_\_\_ Class \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration \_\_\_\_\_  
A current Nevada Drivers License is required to drive Carson City School District vehicles.

**SPECIAL SKILLS** (Verification may be required)

Languages, other than English, in which you are fluent: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

Do you sign?  YES  NO Level: \_\_\_\_\_

Do you possess other unique skills or certifications that are not indicated:  YES  NO  
If yes, describe:

**PLEASE READ AND SIGN**

**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 by calling (775)283-2130.

**AMERICANS WITH DISABILITIES ACT:** The Carson City School District supports and is committed to comply with the provisions of the Americans with Disabilities Act (ADA). Accordingly, all pre-employment inquires are limited to the abilities of the applicant to perform job-related essential functions. A job offer may be made contingent on the applicant passing a post-offer job-related medical examination.

Do you know the essential functions of the position for which you are applying?  YES  NO  
The attached job description identifies the essential functions of the position for which you are applying. If you have any questions regarding the essential functions of the position you are applying for please contact the Human Resources Department.  
Do you have the current ability to perform all the essential functions of the position for which you are applying?  
 YES  NO Explain

What reasonable accommodations do you require to perform all of the essential functions of the position for which you are applying?  
 None Explain

I authorize the Carson City School District or its designated representative to request any information in writing or orally from my current and/or previous employers, character and professional references. I agree to hold the Carson City School District and its employees, as well as my previous employers, character and professional references harmless as to any my information provided. I waive, the tight to hold liable those persons whose names appear on the application form.

I have never been dismissed from a position nor have I been asked to resign for any reason. (In the event that the applicant has been dismissed asked to resign, or asked to resign in lieu of discipline, an explanation must be attached to the completed application and addressed to the attention of the Associate Superintendent of Human Resources. Please place explanation in a sealed envelope and attached to application.)

I 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 further understand that any false statements, misrepresentations or omissions of fact are grounds for dismissal or removal from consideration for employment I hereby certify that the statements included in this application are true and correct to the best of my knowledge and belief.

The submission of this application below constitutes a waiver of any rights I may have to inspect and review the Support Staff Confidential reference forms and all other materials requested and/or submitted on a confidential basis regarding this application.

\_\_\_\_\_  
Signature of Applicant

Initials of Certification