APPLICATION FOR EMPLOYMENT WITH



White Pine County School District

1135 Avenue C Ely NV 89301 775-289-4851 775-289-3999 Fax

White Pine County School District does not knowingly discriminate on the basis of race, color, national origin, sex, age, or disability

Last Name First Name Initial Social Security Number	ion applied for have a disability and believe you	u require accommodation	 Date _ n for the disab	ility during the selection	l.
Other surname(s) reflected on employment educational records Present Address Street/post office box Cell state -boxlp Cell phone Date of Application Date of Application Date of Application Date of Applying for a regular elementary classroom, designate in the order of preference the level for wyou are applying and certified by writing the numerals, 1, 2, and 3 beside your choice. Elementary [] K	ss, please contact us to make app	propriate arrangements.			
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LIST ALL FULL-TIME EDUCATIONAL EMPLOYMENT AND/OR STUDENT TEACHING EXPERIENCE BEGINNING WITH THE MOST RECENT. (Use additional page if if necessary.)

EMPLOYMENT HISTORY

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E N Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position -- even though with the same employer. List only employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets if necessary. **DO NOT** use references such as "See Resume" in place of completing this section.

From:	Month	Year	Name of School or Employer	Position
То	Month	Year	Address:	Duties:
Total Number of	Months	Years	Phone	
Name of Principa	l/Superviso	or:	Reason for Leaving	Salary
From:	Month	Year	Name of School or Employer	Position
То	Month	Year	Address:	Duties:
Total Number of	Months	Years	Phone	
Name of Principa	Name of Principal/Supervisor:		Reason for Leaving	Salary
From:	Month	Year	Name of School or Employer	Position
То	Month	Year	Address:	Duties:
Total Number of	Months	Years	Phone	
Name of Principa	l/Superviso	or:	Reason for Leaving	Salary
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Total Number of	Months	Years	Phone	
Name of Principa	l/Superviso	or:	Reason for Leaving	Salary

	ACKNOWLEDGMENTS
A	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.
С	Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.
K	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.
N O	Employment will be <i>at-will</i> 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.
w	This application is the property of the employer and will become part of my personnel file if I am hired.
L	I authorize employer to contact any employer or individual that I have listed on my
E	employment application and/or resume or mentioned in job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal
D	history, characteristics or traits, or other qualifications for employment and/or continued employment with employer.
G	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
E	hold or may have held in the past.
M	In exchange for employer's consideration of my employment application, and/or my continued employment with employer, if any, I authorize anyone possessing this
E	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,
N	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
т	economic relations.
S	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