

# LANDER COUNTY SCHOOL DISTRICT

P.O. Box 1300 450 E 6th Battle Mountain, Nevada 89820

PH: (775)-635-2886 FAX: (775)-635-5347

HR Contact: Shawnee Hess – Email: [shess@landernv.net](mailto:shess@landernv.net)

## APPLICATION FOR EMPLOYMENT

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (MI)

Other Name(s) \_\_\_\_\_  
(Please provide any additional information relative to change of name, use of an assumed name, maiden name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers:  
Present: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitations hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either date on all criminal convictions of certification that no date on criminal convictions are maintained, information from the State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

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

MARK THE APPROPRIATE BOXES: INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New Application                    | <input type="checkbox"/> Teacher               | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Previous Application on File       | <input type="checkbox"/> Guidance              | <input type="checkbox"/> Supervisor    |
| <input type="checkbox"/> Former Employee of School District | <input type="checkbox"/> Library/Media         | <input type="checkbox"/> Psychologist  |
|   | <input type="checkbox"/> Other (Explain) _____ |  |

List grade level(s) and/or subject area(s) in order of preference:  
\_\_\_\_\_

Are you a U.S. citizen?  
 Yes  No

If not, are you eligible to work in the U.S.?  
 Yes  No

**LCSD is an Equal Employment Opportunity employer. In compliance with applicable disability laws, reasonable accommodations may be provided for qualified individuals with a disability who require and**

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request such accommodations.

## I. EDUCATIONAL AND PROFESSIONAL TRAINING (List Chronologically.)

Level of Education	Name of School or University	State	Field of Study	Degree	Did you graduate?
High School					Yes No
College or University					Yes No
					Yes No
					Yes No

## II. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)

Name of School	School District	State	Grade Level/Subject	Dates

## III. TEACHING EXPERIENCE (List Chronologically. DO NOT INCLUDE SUBSTITUTE TEACHING.)

School District/ School	Supervisor/Administrator	State	Position Held Grades/Subject Taught (Specify)	Dates Mo./Day/Yr.	Total Years	Full Time (X)	Part Time (X)

## IV: WORK EXPERIENCE OTHER THAN TEACHING (List chronologically/attach a sheet if needed.)

Employer	City/County	State	Kind of Work	Dates of Employment	Supervisor Name and Phone Number

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## V: MILITARY EXPERIENCE

Branch of Service	Occupational+ Specialist (MOS)	Inclusive Dates	Type of Discharge

## VI. CERTIFICATION

A. If you have been issued a Nevada certificate, please submit a photocopy.....Copy enclosed? No  Yes   
 Year of Expiration of Nevada Certificate \_\_\_\_\_

Provisions \_\_\_\_\_

Endorsement(s) \_\_\_\_\_

Have you applied for a Nevada certificate?  Yes  No When \_\_\_\_\_

B. If you have been issued a certificate in another state, please submit a photocopy.....Copy enclosed? No  Yes

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate/Endorsements \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate/Endorsements \_\_\_\_\_

C. Have you taken the National Teacher's Examination? (If yes, please submit a copy of your scores.)

Core Battery: No  Yes  \_\_\_\_\_ Copy enclosed? No  Yes

Month/YR      CS      GK      PK

Specialty Area: No  Yes  \_\_\_\_\_ Copy enclosed? No  Yes

Month/YR      Subject      Source

## VII. GENERAL INFORMATION

Month, Day, and Year Available for employment \_\_\_\_\_ Are you under contract?  Yes  No

If yes, where? \_\_\_\_\_ Present Position \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

If under contract, what type: Annual/Probationary  Other  \_\_\_\_\_ Continuing/Tenure

If under contract have you checked and can you be released if you are offered another position? \_\_\_\_\_  Yes  No

If not under contract now, have you ever held a continuing contract in Nevada?.....  Yes  No

If yes, cite school district(s) and date(s) \_\_\_\_\_

Referral Source: Advertisement/Posting  Employee  Friend  Other (Explain)  \_\_\_\_\_

### Have you ever:

#1 Been dismissed from a position?  Yes  No

#2 Been asked to resign from a position?  Yes  No

#3 Been refused continuing employment?  Yes  No

#4 Been investigated for misconduct related to your employment?  Yes  No

#5 Had a professional certificate, credential or license (of any kind) revoked or suspended, or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards or conduct. Are there any pending adverse actions against you?  Yes  No

#6 Been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct?  Yes  No

#7 Surrendered a professional license of any kind before its expiration?  Yes  No

#8 Been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?  Yes  No

#9 Failed to complete a contract for educational services in any educational or school-related position?  Yes  No

#10 Been placed on leave by your employer or left such employment prior to the end of the contract term?  Yes  No

#11 Had a contract non-renewed, non-extended or been dismissed from employment?  Yes  No

#12 Resigned in lieu of contract non-renewal, non-extension, or termination of employment?  Yes  No

#13 Reached an agreement that seals your personnel file and other records?  Yes  No

#14 Received an unsatisfactory evaluation?  Yes  No

#15 Do you currently have a "Letter of Admonition" in your file?  Yes  No

If yes, please explain and note question number you are referencing in your response:



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Football				Act. Director			
Basketball				Ath. Director			
Baseball				Ath. Trainer			
Softball				Forensics			
Track				Debate			
Cross Country				Drama			
Wrestling				Yearbook			
Gymnastics				Newspaper			
Field Hockey				Literary Magazine			
Golf				Student Government			
Tennis				Honor Society			
Volleyball				Clubs			
Soccer				Cheerleaders			

## X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite relationship

Provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest.

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ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII GENERAL INFORMATION

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