



# PYRAMID LAKE JR./SR. HIGH SCHOOL

Post Office Box 267 ❖ 711 State Street  
Nixon, Nevada 89424  
Telephone: (775) 574-1016 Ext. 1005  
Fax: (775) 335-1047

**FOR HUMAN RESOURCES USE ONLY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLASSIFIED APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL REQUESTED INFORMATION IN INK OR TYPING. INCOMPLETE APPLICATIONS WILL BE REJECTED. Pyramid Lake JR./SR. High School is an equal employment opportunity employer. The information you provide is for occupational qualifications and will not be used for unlawful purposes. Each application received will be reviewed, those applicants who are selected for an interview will be contacted by telephone. A resume attachment may be submitted but will not be considered without a completed application. All applications and attachments are filed for up to 12 months. If you choose to fax an application, you must mail the original application and any accompanying attachments.

Use additional sheet of paper if needed, when completing the application.

POSITION DESIRED: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

Name:

\_\_\_\_\_  
Last Name First Middle Initial  
\_\_\_\_\_  
Other names known by Last 4 digits of Security Number

Mailing Address: \_\_\_\_\_  
P.O. Box or Physical address (where your mail is received), City, State, Zip Code

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been employed at PLHS or PLPT before? Yes  Provide date \_\_\_\_\_ No

Are you related to anyone here at PLHS (Current Staff, including Board Members)? Yes  No

If yes, who? \_\_\_\_\_

Are you over 18 years of age? Yes  No  Are you over 21 years of age? Yes  No

Are you currently on lay-off status and subject to recall? Yes  No

Are you legally eligible for employment in the United States? Yes  No

*(If offered employment, you will be required to provide documentation to verify eligibility.)*

Date available for work: \_\_\_\_\_ Desired salary range: \_\_\_\_\_

Do you currently possess a valid Driver's License? Yes  No

Have you ever been terminated or asked to resign from employment? Yes  No

If yes, Explain: \_\_\_\_\_

If an offer of employment is made **prior to your start** of employment duties, you may be required to undergo a medical examination and/or drug test, the results may affect the offer of employment. Are you willing to undergo such an examination? Yes  No

APPLICANT NAME: \_\_\_\_\_

**EMPLOYMENT HISTORY:** *You MUST be detailed and accurate to avoid disqualification:* Complete beginning with the present and past employment, beginning with most recent. For periods of unemployment, list dates and “unemployed” or “attending school” etc. Resumes may be submitted as additional information only; do not reference your resume in lieu of information requested on this application. You may copy this page.

Name of Employer:		Telephone No.	
Address (Include State & Zip Code):			
Job Title:		Name of Immediate Supervisor:	
From:	To:	Reason for Leaving:	Pay (Beginning) \$ Pay (Ending) \$
Position Responsibilities:			

May we contact now?    Yes     No

Name of Employer:		Telephone No.	
Address (Include State & Zip Code):			
Job Title:		Name of Immediate Supervisor:	
From:	To:	Reason for Leaving:	Pay (Beginning) \$ Pay (Ending) \$
Position Responsibilities:			

May we contact now?    Yes     No

Name of Employer:		Telephone No.	
Address (Include State & Zip Code):			
Job Title:		Name of Immediate Supervisor:	
From:	To:	Reason for Leaving:	Pay (Beginning) \$ Pay (Ending) \$
Position Responsibilities:			

May we contact now?    Yes     No

Name of Employer:		Telephone No.	
Address (Include State & Zip Code):			
Job Title:		Name of Immediate Supervisor:	
From:	To:	Reason for Leaving:	Pay (Beginning) \$ Pay (Ending) \$
Position Responsibilities:			

May we contact now?    Yes     No

APPLICANT NAME: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Check Highest Grade Completed:

8	9	10	11	12	◇	13	14	15	16	◇	17	18	19	20

**EDUCATION**

School	Name and Address of School	Graduated		Date Left	Major/Minor Subjects	Diploma/Degree
		Yes	No			
High School						
College						
Graduate Work						
Trade or Business						

List any additional job-related skills, experience, training, volunteer work, hobbies and qualifications that would support your application.


Please give at least three business/work references **who are not related to you and are not previous supervisors**. If not applicable, list three school or personal references who are not related to you.

Name and Mailing Address (include state and zip code) and Email	Telephone	Years Known

<b>VETERAN'S PREFERENCE:</b> Have you ever served in the United States Military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you claim Veteran's Preference Points?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please attach a copy of your DD-214 demonstrating proof of eligibility.</b>		

<b>NATIVE AMERICAN PREFERENCE:</b> Are you Native American?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify the name of your Tribe: _____		
If yes, please specify your Roll Number: _____		
<b>(Please attach a copy of your membership card for verification purposes)</b>		

<b>COVID-19 VACCINATION STATUS:</b> This position requires that you be vaccinated against COVID-19	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you vaccinated?		
<b>(Please provide your vaccination card for verification purposes)</b>		

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony? Yes  No   
 (Excluding juvenile adjudication)

**The Crime Control Act, PL 101-647, and Indian Child Protection & Family Violence Prevention Act, PL 101-630, of 1990 requires the following questions of persons applying for positions that involve regular contact with or control over Indian children:**

Have you ever been arrested or convicted of a crime involving a child? Yes  No

Have you ever been arrested or convicted of, or entered in a plea of nolo contendere (no contest) or guilty to, any offense under Federal, State, or tribal Law involving crimes of violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Yes  No  **(If yes, please explain the date, violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.**



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### APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that the Employer is relying upon all of the representation, both written and oral, which I have made during the entire process of applying for employment with the Pyramid Lake Jr./Sr. High School.

### APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

In connection with this application, I authorize investigation of all my statements contained in the Employment Application with Tribal, Federal and State law enforcement agencies, former employers and any other persons or agencies deemed necessary to arrive at an employment decision upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance. Examples of types of information I am requesting that you provide include information you may have concerning my qualifications and suitability and other significant information related to job performance. This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature. I hereby authorize the Pyramid Lake Jr./Sr. High School and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the High School and authorize the release of any such information related to my potential or continued employment with the High School and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the Pyramid Lake Jr./Sr. High School and any agent acting on its behalf from any liability by reason of requesting such information from any person.

\_\_\_\_\_  
Full Name (Please Print)

\_\_\_\_\_  
Last four digits of Social Security #

\_\_\_\_\_  
Signature/Authorization

\_\_\_\_\_  
Date