



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:

CERTIFIED (Teaching & Substitute) 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 an additional sheet of paper if needed when completing the application.

REQUIRED ATTACHMENTS: *Official Transcripts of university credits and a copy of the State of Nevada Teaching License*

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: _____ Message # or 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". 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: _____

APPLICATION MATERIALS:

Is your resume attached? Yes No

Any other accompanying documentation? Yes No

Do you hold a State of Nevada Teaching License? Yes (If yes, please fill out the box below) No

If no, are you eligible for one? Yes No

Type	Date Issued	Certificate No.	Endorsements	Date of Application Or Expiration Date
Substitute <input type="checkbox"/>				
Elementary <input type="checkbox"/>				
Middle School <input type="checkbox"/>				
Secondary <input type="checkbox"/>				

Are you looking for a Substitute position only? Yes No

(LEVEL OF DEGREE) Check Appropriate Box: (UG-Undergraduate GC-Graduate credits AC-Approved Credits)

Less than a Degree	BA	BA-24-UG Or 16 GC	BA-48-UG Or 32 GC	MA Degree MA Equivalent	MA-16-GC Or AC	MA-32-GC Or AC	PhD / EDD

Please list extracurricular activities you could participate in, supervise or attend.

Student Teaching Experience (Give the most recent first.) Use an additional sheet, if needed

Dates (from/to)	Grade/Assignment	School	District

Teaching Experience (Give the most recent first. List every school district, where you have been employed and your years of teaching experience.)

Dates (from/to)	Number of years	Grade/Assignment	School	District

APPLICANT NAME: _____

Recent NON-TEACHING Work Experience (Give most recent first.)

<i>Dates (from/to)</i>	<i>Number of Years</i>	<i>Employer</i>	<i>Type of Work</i>

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

Please list three professional references who have first-hand knowledge of your professional competence and personal qualifications.

<i>Name</i>	<i>Institution</i>	<i>Position</i>	<i>Telephone</i>

VETERAN'S PREFERENCE: 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"/> If yes, please attach a copy of your DD-214 demonstrating proof of eligibility.

NATIVE AMERICAN PREFERENCE: 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: _____ (Please attach a copy of your membership card for verification purposes)

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

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