

CLARK COUNTY SCHOOL DISTRICT

APPLICATION FOR A TEACHER OR A LICENSED POSITION

SECTION 1. CLARK COUNTY SCHOOL DISTRICT - EEO/AA DATA

In accordance with Title VII of the Civil Rights Act of 1964, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Assistance act of 1974, the Clark County School District has adopted an affirmative action plan. To follow the adopted affirmative action plan, it is necessary for us to identify each person who applies for employment by the factors shown below.

Information in this section is optional.

How did you first learn of a position with the CCSD?			
Date of Birth (mm/dd/yyyy):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	<input type="checkbox"/> Native American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other

SECTION 2. PERSONAL INFORMATION

Nevada law (NRS 391.060) requires teachers to be a U.S. citizen or to have permanent resident alien status in order to qualify for a teaching license. Will you be able to qualify for a teaching license in the state of Nevada?

Social Security Number:	_____ - _____ - _____		
Title Prefix:	<input type="checkbox"/> Dr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs
Last Name:			
First Name:			
Middle Initial:		Maiden Name:	
Appendage:			
Present Address:			
City:			
State:		Zip Code:	
Phone Number:	(_____) _____ - _____	Work Phone:	(_____) _____ - _____
Permanent or Mailing Address:			
City:			
State:		Zip Code:	
Phone Number:	(_____) _____ - _____	Alternative Phone:	(_____) _____ - _____
Email:			

SECTION 3. COLLEGE EDUCATION

Highest Degree (See Table 2):	
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Degree (See Table 3)	Program/ Concentration (See Table 4)	Major (See Table 5)	Minor (See Table 5)	University Name, State	Date Completed/ Anticipated (mm/dd/yyyy)	GPA

Student Teaching/Practicum/Internship Completed through College/University Name, State:																																											
Date Completed (mm/dd/yyyy):																																											
Subject Area(s) (see table 4):	1. _____ 2. _____ 3. _____																																										
Grade Levels:	<table border="0"> <tr> <td>PK</td> <td>K</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Adult</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PK	K	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult							<input type="checkbox"/>						
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SECTION 4. CERTIFICATION

Do you possess a Nevada teaching license (excluding substitute license)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, license held (see table 6):	
Grade/subjects (see table 4):	
Do you possess a valid, clear teaching license from any state other than Nevada (excluding provisional, temporary, emergency, or substitute license/credential)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, in which state(s):	
License held (see table 6):	
Grade/subjects (see table 4):	
Have you taught 3 full years under contract (K-12) in the grade/subject for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5. EMPLOYMENT PREFERENCES - select only the job preferences in which you could be licensed.

Area/Subject Preferences (see table 4):	1. _____ 2. _____ 3. _____
Coach and Advisor 1 (see table 7):	
Coach and Advisor 2:	

Coach and Advisor 3:			
Vocational School	<input type="checkbox"/>	At-risk School	<input type="checkbox"/>
Urban	<input type="checkbox"/>	Alternative Education	<input type="checkbox"/>
Magnet School	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>
Rural School	<input type="checkbox"/>	Title One	<input type="checkbox"/>
Year-round School	<input type="checkbox"/>	Correctional Facilities	<input type="checkbox"/>

SECTION 6. EMPLOYMENT RECORD, PART I CONTRACT TEACHING EXPERIENCE
(Breaks in service must be explained in the space provided at the end of this section.)

Begin with most recent assignment and include a minimum of 10 years of employment, if applicable. Do not include substitute teaching experience.

School #1 Name:			
Supervisor's Name and Title:			
Address:			
City:			
State:		Zip Code:	
Phone:	(_____) _____ - _____	Fax:	(_____) _____ - _____
From (mm/yyyy):		To (mm/yyyy):	
Number of Years in this Position:			
Employment Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Sector: <input type="checkbox"/> Public <input type="checkbox"/> Private
Grade:		Subject:	
Reason for Leaving:			

School #2 Name:			
Supervisor's Name and Title:			
Address:			
City:			
State:		Zip Code:	
Phone:	(_____) _____ - _____	Fax:	(_____) _____ - _____
From (mm/yyyy):		To (mm/yyyy):	
Number of Years in this Position:			
Employment Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Sector: <input type="checkbox"/> Public <input type="checkbox"/> Private
Grade:		Subject:	

Reason for Leaving:	
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School #3 Name:			
Supervisor's Name and Title:			
Address:			
City:			
State:		Zip Code:	
Phone: (____) ____ - _____		Fax: (____) ____ - _____	
From (mm/yyyy):		To (mm/yyyy):	
Number of Years in this Position:			
Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Sector: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Grade:		Subject:	
Reason for Leaving:			

SECTION 6. EMPLOYMENT RECORD, PART II WORK HISTORY OTHER THAN CONTRACTED TEACHING (Non-teaching employment, breaks in service must be explained in the space provided at the end of this section.)

Begin with most recent assignment and include a minimum of 10 years of employment, if applicable. Substitute teaching experience (if any) must be included in this section.

Employer #1 Name:			
Supervisor's Name and Title:			
Address:			
City:			
State:		Zip Code:	
Phone: (____) ____ - _____		Fax: (____) ____ - _____	
From (mm/yyyy):		To (mm/yyyy):	
Number of Years in this Position:		Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

Duties and Responsibilities:	
Reason for Leaving:	

Employer #2 Name:	
Supervisor's Name and Title:	
Address:	
City:	
State:	Zip Code:
Phone: (____) ____ - ____	Fax: (____) ____ - ____
From (mm/yyyy):	To (mm/yyyy):
Number of Years in this Position:	Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Duties and Responsibilities:	
Reason for Leaving:	

Employer #3 Name:	
Supervisor's Name and Title:	
Address:	
City:	
State:	Zip Code:
Phone: (____) ____ - ____	Fax: (____) ____ - ____
From (mm/dd/yyyy):	To (mm/dd/yyyy):
Number of Years in this Position:	Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Duties and Responsibilities:	

Reason for Leaving:	
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Explanation of Breaks in Service:

Teaching Experience Summary (Based on Employment History for the Longest Three States)						
Experience	State	Years	State	Years	State	Years
In Public Schools						
In Private Schools						
In the Clark County School District						
Total Years						

SECTION 7. OTHER INFORMATION

Experience category, select the one that best applies (see table 8):			
Are you presently under a teaching contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, by another school district in Nevada?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of school district under teaching contract:			
Phone: (____) ____ - _____			
Date Available (mm/dd/yyyy):			
Former Applicant (completed the application in the last 3 years)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when Applied?			
Former Clark County School District employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		From (mm/yyyy):	To (mm/yyyy)
Teacher?	<input type="checkbox"/>		
Administrator?	<input type="checkbox"/>		
Support Staff?	<input type="checkbox"/>		
Substitute Teacher?	<input type="checkbox"/>		
Substitute Support Staff?	<input type="checkbox"/>		

List languages spoken fluently other than English:	#1:	#2:	#3:	#4:
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NEPOTISM DISCLOSURE

In accordance with state law and/or school district policies and regulations, certain procedural steps must be taken if a prospective employee is related within the third degree of consanguinity or affinity to any member of the Board of School Trustees or to an employing authority of the district; nor are employees to be assigned to positions under the district supervision of a person related by blood or marriage within the third degree.

I am related to the following member(s) of the Board of School District Trustees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Board Member:		
Relationship:		

I am related to the following Clark County School District Employee(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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No.	Name	Position	School/Department	Relationship
1.				
2.				
3.				

SECTION 8. RESTRICTED PERSONAL DATA

At the time of employment, your fingerprints will be researched by local, state, and federal law enforcement agencies. Your employment with the Clark County School District is temporary and probationary pending successful processing of your fingerprints. Sealed or expunged records must be revealed unless the records were expunged or sealed by court order in Nevada. Your omission of any criminal history will result in your immediate termination. The following questions must be answered truthfully:

1.	Are you able to perform the essential tasks of the job for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever been convicted of an offense other than a minor traffic violation? (DUI and DWI convictions are not minor and must be reported)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever been arrested for a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been charged with a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever been charged (even if no contest or charges dropped or pled down) with a sex related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Have you ever been charged (even if no contest or charges dropped or pled down) with a drug related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Have you ever been arrested for an act of violence, including domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Have you ever been charged with an act of violence, including domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Have you ever been convicted of an act of violence, including domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

15.	Have you ever held a teaching or substitute teaching license that has been or is being revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16.	Have you ever been discharged, separated, or asked to resign from a position with a school district or any other entity?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.	Have you ever been the subject of an investigation by a school district or any other entity?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18.	Have you ever had sanctions placed on your teaching certificate for any reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19.	Have you ever been denied a teaching certificate anywhere?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20.	Is disciplinary action currently pending anywhere against your certificate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21.	Have you ever been issued an employment evaluation of any kind that denotes less-than-satisfactory performance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS FROM TWO (2) THROUGH TWENTY ONE (21), YOU MUST DIRECT A CONFIDENTIAL LETTER TO THE CHIEF HUMAN RESOURCES OFFICER, HUMAN RESOURCES DIVISION, EXPLAINING THE SITUATION. PLEASE INCLUDE COPIES OF ANY ARREST RECORD(S), AND ANY COURT DISPOSITION DOCUMENTS. NOTE: EXISTANCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

SECTION 9. IN THE SPACE BELOW, PLEASE ANSWER THE FOLLOWING QUESTION IN YOUR OWN HANDWRITING

If you get hired, what professional contributions do you plan to make to the Clark County School District?

SECTION 10. SUPERVISORY REFERENCES

- **Applicant must list three (3) supervisory references who can attest to their teaching ability, including complete address with phone number, fax, and email address.** Failure to list required references will result in non-processing of the application.
- **Experienced teachers must list three (3) recent school administrators** who have supervised the teaching experience including **current** or last supervisor.
- **New graduates must list cooperative teachers, university student teaching supervisor(s), and/or school administrator.**
- **A placement file is required for all applicants who have less than three years of full-time contracted teaching experience.**

Reference #1 Supervisor's Name:			
Supervisor's Job Title:			
School:			
Address:			
City:			
State:		Zip Code:	

Phone: (____) ____ - _____	Fax: (____) ____ - _____
Email:	
Reference #2 Supervisor's Name:	
Supervisor's Job Title:	
School:	
Address:	
City:	
State:	Zip Code:
Phone: (____) ____ - _____	Fax: (____) ____ - _____
Email:	

Reference #2 Supervisor's Name:	
Supervisor's Job Title:	
School:	
Address:	
City:	
State:	Zip Code:
Phone: (____) ____ - _____	Fax: (____) ____ - _____
Email:	

THIS DOCUMENT IS NOT A CONTRACT OR OFFER OF EMPLOYMENT

READ AND SIGN: I understand any false statements, misrepresentation, or omission of facts from any employment document are grounds for dismissal or removal of consideration for employment. I hereby certify that the statements above are true and correct to the best of my knowledge and belief. I waive the right to hold liable those persons whose names appear on the application form. I understand that before any contract for teaching becomes effective or compensation is possible, I must personally comply with the Immigration Reform Act of 1986 and I understand that I may not begin service or receive pay until a proper license has been granted by the Nevada State Department of Education.

I further understand that if I am considered for employment with the Clark County 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 authorize the Clark County School District and its designated representative to request any information in writing or orally from my previous employers, professional references, and the Nevada State Department of Education. **I agree that all such information provided will remain confidential and unavailable for my review and hold the Clark County School District and its employees, as well as my previous employers, supervisors, and references, or applicable law enforcement agencies harmless for any information provided.**

APPLICANT'S SIGNATURE (as you want it to appear on our records)

PRINCIPAL'S (DIRECTOR'S) SIGNATURE
