



PYRAMID LAKE JR./SR. HIGH SCHOOL

FOR HUMAN RESOURCES USE ONLY:

APPLICATION FOR EMPLOYMENT

Post Office Box 267, 711 State Street, Nixon, Nevada 89424

Telephone: (775) 574-1016 --- Fax: (775) 574-1043

Please complete all information requested in ink or type. The information requested is for occupational qualifications and is necessary to complete a security clearance. Pyramid Lake High School is an equal opportunity employer and does not intend to use any of the information you provide for unlawful purposes. You may attach a resume with this application; however, the resume cannot be substituted for this application. An incomplete application may result in you not being considered.

The School's policy is to review each application form it receives. Please note that only those applicants whom we select for interview will be contacted by telephone. Application forms and any accompanying documents are kept for 12 months from time of receipt.

REASONABLE ACCOMMODATION: An applicant with a disability who needs reasonable accommodation, in any step of the selection process, to assist him/her in demonstrating his/her qualifications to perform the duties of the job for which he/she is applying, should notify Pyramid Lake High School HR in person or by telephone.

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

POSITION DESIRED: _____

DATE OF APPLICATION: _____

CONTACT INFORMATION

Name: _____

Last Name First Middle Initial

Other names known by Last 4 digits of Security Number

Address: _____

Street Post Office Box

City State Zip Code

Contact Telephone: _____

Email: _____

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

EMPLOYMENT HISTORY

You MUST be detailed and accurate to avoid disqualification: Complete present and past employment, beginning with most recent. 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.

(Give most recent first.)

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 ☐

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 Yes	No	Date Left	Major/Minor Subjects	Diploma/ Degree
High School						
College						
Graduate Work						
Trade or Business						
Other						

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 Address <small>(include state and zip code)</small>	Telephone	Years Known

Have you ever been employed at PLHS or PLPT before? Yes ☐ Provide date _____ No ☐

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 ☐

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony? Yes ☐ No ☐
(Excluding juvenile adjudication) Such convictions may be relevant if job related, but does not necessarily bar you from employment – please explain below.

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:

- (1) Have you ever been arrested or charged with a crime involving a child? Yes ☐ No ☐
(2) Have you ever been found guilty 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.

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)

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 (PRINT)

Signature / Authorization

Date Signed