



**EMPLOYMENT HISTORY CONTINUED**

From	To	Job Title & Duties:	
Mo/Yr	Mo/Yr		
Total Years:		Employer's Name:	Reason For Leaving:
FT or PT?		Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Supervisor:	
		Phone Number:	
From	To	Job Title & Duties:	
Mo/Yr	Mo/Yr		
Total Years:		Employer's Name:	Reason For Leaving:
FT or PT?		Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Supervisor:	
		Phone Number:	
From	To	Job Title & Duties:	
Mo/Yr	Mo/Yr		
Total Years:		Employer's Name:	Reason For Leaving:
FT or PT?		Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Supervisor:	
		Phone Number:	
From	To	Job Title & Duties:	
Mo/Yr	Mo/Yr		
Total Years:		Employer's Name:	Reason For Leaving:
FT or PT?		Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Supervisor:	
		Phone Number:	
From	To	Job Title & Duties:	
Mo/Yr	Mo/Yr		
Total Years:		Employer's Name:	Reason For Leaving:
FT or PT?		Address:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Supervisor:	
		Phone Number:	

**EDUCATION**

Do you have a high school diploma or G.E.D.?  Yes  No Name of School: \_\_\_\_\_  
 Do you have an AA/AS degree?  Yes  No  
 Do you have a BA/BS degree?  Yes  No  
 Do you have a post graduate degree?  Yes  No

Name and Location of Colleges/Universities/Trade Schools (Not High School)	Course or Major	Hours or Units Completed	Did You Graduate?	Degree Received

**LICENSES/CERTIFICATIONS**

List Licenses or Professional Certifications/Registrations Relevant to This Position:

TYPE	STATE	CLASS	NUMBER	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your license/certification ever been revoked or suspended?  Yes  No  
 If yes, state reason(s), date of revocation or suspension, and date of reinstatement.  
 \_\_\_\_\_

Do You Have a Valid Driver's License?  Yes  No  
**A current DMV report showing an acceptable driving record will be required after job offer and prior to employment.**

**OTHER PERSONAL INFORMATION**

Do you have any relatives working for the District?  Yes  No If yes, please identify: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Have you been given a copy of the Job Description which outlines the essential functions of the job for which you are applying?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No  
 If no, describe the functions that cannot be performed.  
 \_\_\_\_\_

If you become a finalist for the position, do you have any objection to a representative of the District making inquiry of your present employer regarding your background and qualifications?  Yes  No If yes, state reason:  
 \_\_\_\_\_

If now employed, why do you want to leave?  
 \_\_\_\_\_

Please provide in this space: 1) Any additional information you would like to have the District consider, 2) Any substantial gap in your employment history, and further explanation to any "yes" response:  
 \_\_\_\_\_

How did you hear about this job?  Newspaper  Employee  Website  Other

**ACKNOWLEDGEMENTS**

All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

This application is the property of MGSD and will become part of my personnel file if I am hired.

I authorize MGSD to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with MGSD. In addition, I authorize MGSD to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize MGSD to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize MGSD to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

In exchange for MGSD's consideration of my employment application, and/or any continued employment with MGSD, I authorize anyone possessing information to furnish it to MGSD upon request, and I release the organizations and all individuals providing the information or acquiring the information, including MGSD, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

I further understand this consent will apply during the entire course of my employment with MGSD should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.

Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, if qualifications of applicants are equal: a) first, to an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada

I HEREBY CERTIFY that the foregoing statements are true and accurate to the best of my knowledge and belief. I agree and understand that any misstatement of material fact contained in this application may cause me to forfeit all rights to employment with the District. Employment offer may be contingent on passing a job-related physical examination, drug test, and fingerprint background check. I understand that neither this document nor any offer of employment from MGSD constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that MGSD is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to MGSD. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_