



EDUCATION: Please list in order of *HIGHEST* degree first:

INSTITUTION _____

ADDRESS _____

DEGREE EARNED _____

WHEN _____

MAJOR/MINOR _____

INSTITUTION _____

ADDRESS _____

DEGREE EARNED _____

WHEN _____

MAJOR/MINOR _____

INSTITUTION _____

ADDRESS _____

DEGREE EARNED _____

WHEN _____

MAJOR/MINOR _____

EMPLOYMENT HISTORY: Please list in order of most recent first:

#1 EMPLOYER _____

ADDRESS _____

CITY, STATE, ZIP _____

SUPERVISOR'S NAME _____ PHONE () _____

POSITION HELD _____

START DATE _____ END DATE _____

DUTIES _____

REASON FOR LEAVING _____



#2 EMPLOYER _____
ADDRESS _____
CITY, STATE, ZIP _____
SUPERVISOR'S NAME _____ PHONE (_____) _____
POSITION HELD _____
START DATE _____ END DATE _____
DUTIES _____
REASON FOR LEAVING _____

#3 EMPLOYER _____
ADDRESS _____
CITY, STATE, ZIP _____
SUPERVISOR'S NAME _____ PHONE (_____) _____
POSITION HELD _____
START DATE _____ END DATE _____
DUTIES _____
REASON FOR LEAVING _____

May we contact your PRESENT employer? Yes () No ()

VOLUNTEER EXPERIENCE: Please list all volunteer experience that you have had over the past ten (10) years:

PROFESSIONAL AFFILIATIONS: Please list all professional organizations in which you hold current membership:

SPECIAL SKILLS: List equipment/technology you have skills using:



LANGUAGES: List all languages that you use **PROFICIENTLY:**

AMERICAN SIGN LANGUAGE: Please rank your skill using ASL:

Native _____ Fluent _____ Advanced _____ Intermediate _____ Beginning _____

ENGLISH: Please rank your skill using English:

Native _____ Fluent _____ Advanced _____ Intermediate _____ Beginning _____

PROFESSIONAL REFERENCES: Please provide three (3) references (exclude relatives and former employees):

1. NAME/TITLE: _____
STREET ADDRESS _____ STE # _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ Voice () TTY () VP () Fax ()
OCCUPATION _____

2. NAME/TITLE: _____
STREET ADDRESS _____ STE # _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ Voice () TTY () VP () Fax ()
OCCUPATION _____

3. NAME/TITLE: _____
STREET ADDRESS _____ STE # _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ Voice () TTY () VP () Fax ()
OCCUPATION _____



RESTRICTED PERSONAL DATA: If you answer **YES** to any of the following questions, you must direct a confidential letter to the Personnel Department Chair explaining the situation:

- | | | |
|---|----------|----------|
| 1. Have you ever been convicted of an offense <i>other than</i> a minor traffic violation? | Y | N |
| 2. Have you ever been arrested, charged or convicted of a felony? | Y | N |
| 3. Have you ever been arrested, charged or convicted for a sex related offense? | Y | N |
| 4. Have you ever been arrested, charged or convicted for a drug related offense? | Y | N |
| 5. Have you ever been arrested, charged or convicted for an act of violence? | Y | N |
| 6. Have you ever been arrested, charged or convicted for domestic violence? | Y | N |
| 7. Have you ever held a teaching or substitute teaching license that has been revoked? | Y | N |
| 8. Have you ever been discharged, separated or asked to resign from a position with a school district or with any other entity? | Y | N |
| 9. Have you ever had sanctions placed on your teaching certificate for any reason? | Y | N |
| 10. Have you ever been denied a teaching certificate anywhere? | Y | N |
| 11. Is disciplinary action currently pending anywhere against your certificate? | Y | N |
| 12. Have you ever been the subject of an investigation by a school district of any entity? | Y | N |

Should you be selected for an interview, you will need to inform the Personnel Committee of any communication accommodations you will need such as; interpreters for ASL, tactile, oral or captioning. Information submitted through this form will be used by the Personnel Department to screen your qualifications for a position with the Las Vegas Charter School of the Deaf.

BY SIGNING THIS APPLICATION, I CERTIFY THAT THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT MADE ANY ATTEMPT TO CONCEAL INFORMATION. I UNDERSTAND THAT FALSIFICATION COULD BE THE CAUSE FOR DISMISSAL. I GIVE PERMISSION TO THE LAS VEGAS CHARTER SCHOOL OF THE DEAF OR ITS AGENTS TO REQUEST CORPORATIONS I HAVE PROVIDED IN THE APPLICATION. I AGREE THAT THE LAS VEGAS CHARTER SCHOOL OF THE DEAF IS AN EQUAL OPPROTUNITY EMPLOYER AND CANDIDATES WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARDS TO RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS. I UNDERSTAND THAT IF I AM HIRED, THE LAS VEGAS CHARTER SCHOOL OF THE DEAF RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT IF ANY INFORMATION PROVIDED IS FOUND TO BE FALSE.

APPLICANTS SIGNATUREDATE

Thank you for your application and your interest of employment with the Las Vegas Charter school of the Deaf. You will be notified if you have been selected for an interview. Please mail this application and resume with copies of all teaching credentials to:

**LVCS
C/O Cathy Bennett
7901 W. Gowan Road
Las Vegas, NV 89129**

**(702) 726 9155 VP
cbennett@lvcsd.org**