



Teacher Application

Rainshadow Community Charter High School
434 Washington St
Reno, NV 89436
Phone 775-322-5566 Fax: 775-322-5509
e-mail: www.rainshadowcchs.org/contact.html

Thank you for applying to the Rainshadow Community Charter School. Our goal is to hire a group of teachers and administrators who are as excited as we are about the Rainshadow concept. We ask applicants to study the Rainshadow “Philosophy and Pedagogy” document and the “Rainshadow Curriculum” and consider how they can contribute to the school program and, through their work at the school, pursue their professional aspirations. To achieve its goal of becoming a true community of learners, Rainshadow will demand a high degree of collaboration among those involved in the school: teachers, students, parents, administrators, and the Board of Directors. We will all learn as we grow with the school. Therefore, we are looking for people who are able open-minded, receptive to others ideas, flexible in their thinking, and willing to think *outside the box*.

Along with the information called for below, we ask that you provide the Rainshadow Board with the following:

- **An essay describing your teaching philosophy and the instructional practices it suggests and the *fit* of your philosophy and approach to instruction with the Rainshadow model.**
- **Documents and artifacts that will help you demonstrate to the Board of Directors that you are a teacher who is ready and willing to contribute to the Rainshadow program. We invite the submission of videotapes, lesson and unit plans, examples of student work, project artifacts, essays and articles you have written, testimonials from parents, students, administrators, and others, anything that you feel would be helpful to the Board in understanding you as a prospective Rainshadow teacher.**

Personal Information

Position for which you are applying: _____ Date: _____

Name _____ Home phone () _____ Work phone () _____

Social Security number ____/____/____ Other names used: _____

Present address _____ City _____ State _____ Zip _____

Permanent Mailing Address _____ City _____ State _____ Zip _____

Education

Degrees held

Degree	Major	Institution	Year Completed

Use as much space as you need to complete the questions

Describe other educational experiences outside the degree programs that may be relevant to the role of teacher at the Rainshadow.

Are you currently licensed by the Nevada State Board of Education to teach or substitute in Nevada?

YES NO

If YES, describe the type of license[s] you hold.

Are you presently employed by the Washoe County School District? YES NO

Present position or status _____

May we contact your present employer? YES NO *(Please note that it may be necessary to contact your present employer prior to an offer of employment. If you checked NO, you will be notified prior to us contacting your current employer).*

Do you hold teaching licenses in other states? YES NO

If YES, in which state and what type of license[s] do you hold there.

In what disciplines are you qualified **by training** to teach? If you hold a license to teach in the area, please signify.

Describe areas of knowledge and skill you possess, other than those discussed above, that may be useful to the Rainshadow program (for example, in the areas such as drama, music, art, sports, outdoor survival, carpentry, photography, computers, or journalism)

Teaching Experience

Please account for ALL teaching experience. You are required to provide complete and accurate information. Failure to do so may result in your application being rejected. Do NOT include student teaching in this section. Begin with most recent teaching employment. If you need additional space for your employment history, additional *Teaching Experience Forms* are available in the Human Resources Division.

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____ % <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name: _____ _____ Address, City, State, Zip	Subject(s): _____ _____ Grade(s)	
	_____ Evaluator's name and title	_____ From _____ To _____	
	_____ Evaluator's phone number	_____ Number of school years	
	_____ Reason for leaving	\$ _____ Annual salary	

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	_____ Evaluator's phone number	_____ Number of school years	
	_____ Reason for leaving	\$ _____ Annual salary	

Total number of school years: _____

ADDITIONAL TEACHING EXPERIENCE FORM

Last Name: _____ First Name: _____ Middle: _____

Social Security Number _____ / _____ / _____

Check all that apply: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Substitute Teaching <input type="checkbox"/> Contracted Teaching <input type="checkbox"/> Part-time _____ % <input type="checkbox"/> Full-time <input type="checkbox"/> Team Teaching	School name: _____	Subject(s): _____
	Address, City, State, Zip _____	Grade(s) _____
	Evaluator's name and title _____	From _____ To _____
	Evaluator's phone number _____	Number of school years _____
	Reason for leaving _____	\$ _____ Annual salary

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	Address, City, State, Zip _____	Grade(s) _____
	Evaluator's name and title _____	From _____ To _____
	Evaluator's phone number _____	Number of school years _____
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	Reason for leaving _____	\$ _____ Annual salary

Total number of school years: _____

Name _____ Social Security Number ____/____/____
Last First

OTHER EMPLOYMENT EXPERIENCE

<input type="checkbox"/> Part-time _____ hours/week <input type="checkbox"/> Full-time 40 hours/week Last monthly salary \$ _____ or hourly rate \$ _____ Reason for leaving _____ _____ Length of employment: _____ from _____ to _____	Employer _____ Address, city, state, zip _____ Your job title _____ Major responsibilities: _____ _____ _____ Number of people you supervised: _____ Machines and equipment used: _____ _____	Supervisor's name and title _____ Supervisor's phone number _____
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<input type="checkbox"/> Part-time _____ hours/week <input type="checkbox"/> Full-time 40 hours/week Last monthly salary \$ _____ or hourly rate \$ _____ Reason for leaving _____ _____ Length of employment: _____ from _____ to _____	Employer _____ Address, city, state, zip _____ Your job title _____ Major responsibilities: _____ _____ _____ Number of people you supervised: _____ Machines and equipment used: _____ _____	Supervisor's name and title _____ Supervisor's phone number _____
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Please see attached *Other Employment/Military Experience Continued* form.

References
 Enclosed in this application packet are four (4) VERIFICATION OF EMPLOYMENT/CONFIDENTIAL REFERENCE FORMS, with specific instructions on how to complete the forms. These forms must be completed, signed by you, and returned with your application to HR. The HR department will mail these forms to your previous employers and to your references. Your application will not be considered if these forms are not completed and submitted with your application.

Please list the names, addresses and telephone numbers of your references:

(1) Name:	Address:	Phone
(2) Name:	Address:	Phone
(3) Name:	Address:	Phone
(4) Name:	Address:	Phone

OTHER EMPLOYMENT/MILITARY EXPERIENCE *CONTINUED* FORM

Last Name: _____ First Name: _____ Middle: _____

Social Security Number _____ / _____ / _____

<input type="checkbox"/> Part-time _____ hours/week <input type="checkbox"/> Full-time 40 hours/week Last monthly salary \$ _____ or hourly rate \$ _____ Reason for leaving _____ _____ Length of employment: _____ from _____ to _____	Employer _____ Address, city, state, zip _____ Your job title _____ Major responsibilities: _____ _____ _____ Number of people you supervised: _____ Machines and equipment used: _____ _____	Supervisor's name and title _____ Supervisor's phone number _____
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PREVIOUS RESIGNATION/DISMISSAL INFORMATION

If you have been dismissed, terminated, asked to resign, or asked in lieu of discipline by a previous (or current) employer, or if you are under investigation by your current employer for possible disciplinary action, a full and complete explanation must be addressed to the attention of the Principal. Please place your written explanation in a sealed envelope and attach it to your application.

ARRESTS/CONVICTIONS

In answering the following questions, be advised that if you are offered employment with Rainshadow, a set of your fingerprints will be taken and will be forwarded to the Federal Bureau of Investigation (FBI) for processing. The School will then receive a report from the FBI which will contain a complete listing of any arrest and/or conviction that is on your FBI criminal history file. It is essential, therefore, that you answer each question with complete honesty. If you are unsure about a past event, you should list it. Please note that a "yes" answer to these questions may not necessarily disqualify you from consideration for employment. Rainshadow will consider the nature and date of the conviction, your intervening conduct, and the relationship between the conviction and the position for which you are applying.

Have you ever been CONVICTED of any criminal offense other than a minor traffic violation (this includes, but is not limited to a felony, gross misdemeanor, misdemeanor, DUI, etc.)? Conviction means the final judgment of a verdict or a finding of guilty, plea of guilty, or a plea of nolo contemre in any court, regardless of whether an appeal is pending or could be taken.

YES please initial

NO please initial

Do you have any outstanding arrests for which you are awaiting trial or for which a final judicial determination has not been made?

YES please initial

NO please initial

If YES to either of the above questions please explain why:

Have you ever had any credential or driver's license suspended or revoked?

YES please initial

NO please initial

If YES please explain and include dates: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION:

I hereby certify that all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Rainshadow Community Charter High School is truthful, accurate, and complete. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment at Rainshadow Community Charter High School is found to be false, untruthful, misleading, or incomplete that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee of Rainshadow Community Charter High School and at any time thereafter it is discovered that any information provided by me on this employment application or any other information provided by me in the course of applying for employment at Rainshadow Community Charter High School is found to be false, untruthful, misleading, or incomplete shall be sufficient cause for disqualification or dismissal from employment.

I hereby authorize Rainshadow Community Charter High School to obtain information relating to my current and previous employment, education, criminal or personal history records. I agree to release Rainshadow Community Charter High School, its employees, representatives and agents from any and all liability claims or damages for the obtaining and use of information obtained from these sources or developed as a result of contracting these sources.

I hereby authorize any and all organizations, including but not limited to my current or previous employers, educational institutions, etc., their employees, representatives, and agents to provide any and all information regarding my employment or education to Rainshadow Community Charter High School, its employees, representatives, and agents requesting such information. In addition to authorizing the release of any information regarding my employment or education, I hereby fully waive any rights or claims I have against said organization, its employees, representatives, and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, release or omission of any such information by any person or party, whether such information is favorable or unfavorable to me. A photocopy of this release will be valid as an original even though the photocopy does not contain an original writing of my signature.

I hereby certify that I have read and understand the above.

Applicant's Name (please print)

Applicant's Signature

Date

