



Rainshadow Community Charter High School

121 Vesta Street, Reno, NV 89502 Tel:(775) 323-5566 Email: info@rainshadowcchs.org

APPLICATION FOR PROFESSIONAL EMPLOYMENT

DEAR APPLICANT:

Thank you for your interest in Rainshadow Community Charter High School. Please complete this application form. Falsifications, misrepresentations, or omissions may disqualify your application. The information supplied will not be given to any other person/company for any purpose. Please either type or print clearly using black or blue ink.

FOR OFFICE USE ONLY

Application #: _____

Date of Application: _____

POSITION (S) APPLIED FOR: Administrator/Supervisor Tutor Teacher Substitute Teacher Other (Please specify): _____

TYPE OF WORK YOU ARE SEEKING (Check all that apply): Full Time Part Time
If Part Time, number of hours available per week: _____

FULL NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

CURRENT RESIDENCE ADDRESS: _____
(Street & No.)

(City) (State) (Zip Code)

RESIDENCE(S) PAST 10 YEARS: _____

TELEPHONE NUMBERS: () _____ () _____ () _____
(Home) (Work) (Cellular Phone)

ANOTHER ADDRESS AND TELEPHONE NUMBER AT WHICH YOU MAY BE CONTACTED: _____

E-MAIL ADDRESS: _____

II. EDUCATIONAL AND PROFESSIONAL TRAINING (List Chronologically)

Level of Education	School/University	State	Field of Study	# of Yrs. Attended	Type of Degree
Elementary School					
High School					
College & University					

Highest degree attained: _____ Major(s): _____ Minor(s): _____

Semester hours of professional education: _____

III. CERTIFICATION

Do you have a valid Nevada certificate? Yes No If yes, please attach photocopies.

Expiration Date: _____

Certificate Type: _____ Certificate Number: _____

Areas of certification: _____

Are you highly qualified under NCLB? Yes No

If yes, what areas? _____

Do you hold any other certificates? Yes No

If yes, please list:

Type:

Expiration date:

_____	_____
_____	_____
_____	_____

IV. STUDENT TEACHING EXPERIENCE (list chronologically and include any internships)

Name of School	School District	Grade Level and/or Subject	Supervisor/ Cooperating Teacher	Dates

V. HAVE YOU TAKEN THE NATIONAL TEACHER'S EXAMINATION? Yes No

If yes, please indicate the scores:

_____Professional Knowledge _____General Knowledge _____Specialty Area

VI. TEACHING EXPERIENCE (list chronologically all teaching experience)

1-Name of School: _____ School District: _____
City State

Principal: _____ Phone No.: _____

Supervisor: _____ Phone No.: _____

Position Held-Grades and/or

Subjects Taught (Specify): _____

Dates: Mo./Day/Yr. - From...To: _____

Full Time Part Time Substitute

Annual Salary: \$ _____

Reason for Leaving: _____

2- Name of School: _____ School District: _____
City State

Principal: _____ Phone No.: _____

Supervisor: _____ Phone No.: _____

Position Held-Grades and/or

Subjects Taught (Specify): _____

Dates: Mo./Day/Yr. - From...To: _____

Full Time Part Time Substitute

Annual Salary: \$ _____

Reason for Leaving: _____

VII. WORK EXPERIENCE OTHER THAN TEACHING (list chronologically and attach a sheet if necessary)

Employer	Phone	Address	Kind of Work	Supervisor	Dates of Employment

VIII. EXTRACURRICULAR EXPERIENCE

Indicate number of years' experience in the activities listed below. Circle activities you are willing to coach/sponsor.
Extracurricular Activities:

	High School Experience	College Experience	Contract Experience		High School Experience	College Experience	Contract Experience
Football	_____	_____	_____	Intramural	_____	_____	_____
Basketball	_____	_____	_____	Cheerleaders	_____	_____	_____
Baseball	_____	_____	_____	Ski Club	_____	_____	_____
Softball	_____	_____	_____	Drama	_____	_____	_____
Cross Country	_____	_____	_____	Yearbook	_____	_____	_____
Wrestling	_____	_____	_____	Newspaper	_____	_____	_____
Golf	_____	_____	_____	Class Advisor	_____	_____	_____
Tennis	_____	_____	_____	Student Gov.	_____	_____	_____
Volleyball	_____	_____	_____	Honor Society	_____	_____	_____
Soccer	_____	_____	_____	Other	_____	_____	_____
Other							

IX. REFERENCES

If you are an experienced teacher, give the names of superintendents, principals or other supervisors who have closely observed your work. If you are an inexperienced teacher, please list the placement office of your college where credentials will be available upon request. Also, please list on this application form the name and school addresses of the supervising teachers with whom you did your student teaching.

Name of Reference	Current Position	Address	City/State/Zip	Phone Number

X. SUBJECT STRENGTHS

Identify the subject areas, which you consider to be your strengths:

XI. WHY WOULD YOU LIKE TO APPLY FOR A POSITION WITH OUR SCHOOL?

XII. HOW DO YOU VIEW YOUR ROLE AS A TEACHER?

XIII. PERSONAL STATEMENT

Please write a personal statement explaining specific qualifications you have which will enhance educational opportunities for students.

XIV. APPLICANT'S CERTIFICATE AND RELEASE (Please read carefully and sign below)

I hereby certify that all of the information given herein is complete and accurate to the best of my knowledge. I understand that omissions, falsifications, inaccurate or misleading information on this application, any attached documents or interview(s) may disqualify my application or result in dismissal if discovered after hire.

I agree that by signing this application, I authorize RCCHS to verify the information contained in the application. I know that I will be required to furnish documentation to verify my identity and eligibility to work in the United States. I hereby authorize my current and prior employers, business organizations, including the U.S. Government or U.S. Military (if approved by me in the "Employment" section), and other persons, firm, corporation, physician, registration and licensing boards, and educational institutions, credit bureaus, Social Security Administration, law enforcement agencies and investigation agencies to supply RCCHS and/or its agents any and all information concerning my personal, my previous employment, financial, medical history and any pertinent information they may have related matters as may be necessary in arriving at an employment decision. I release RCCHS and its employees and agents from any and all liabilities, responsibilities, damages and claim of any kind whatsoever arising from this investigation of my background.

I understand that this Agreement does not form a contract of employment between Rainshadow Community Charter High School and me, and it in no way guarantees that RCCHS will accept my application for employment. If employed by RCCHS, I agree that I am required to abide by all rules and regulations of RCCHS.

Signature: _____ Date: _____ 2008

GENERAL INFORMATION TO APPLICANT

- RAINSHADOW is open to applicants Monday-Thursday, 8:00 a.m. to 4:00 p.m. on regular business days. Applications may be picked up or returned during these hours.
- If employment is offered, original transcripts, certificates and a criminal records check will be required. The criminal records check will be at the expense of the applicant.
- If needed, you may use extra sheets of paper and attach to this application.
- Signed resumes may be included as supplemental material, but are not generally accepted in lieu of completed application.
- Interviews (personal or via telephone) may be conducted for selected applicants in order to provide more detailed information. If you are selected for an interview, you will be contacted either by mail or by telephone, usually within four weeks after the vacancy's closing date.
- Various tests may be administered to measure your aptitude and abilities in job related areas.

Candidates shall submit with this application:

- ✓ a comprehensive résumé
- ✓ a copy of the transcripts of all university work
- ✓ copies of all valid certificates
- ✓ recommendation letters (at least two)

RAINSHADOW IS AN EQUAL OPPORTUNITY EMPLOYER. IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL AND ETHNIC ORIGIN, AGE, MARTIAL STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY.