

New Employee On-boarding Checklist for Substitutes (Substitute's Copy)

This list is a suggested guideline when on-boarding as a new substitute.

Employee Name:	
Department (where you are willing to work):	
Position/Date of Hire:	

Substitutes, Coaches, Part-Time or Seasonal Employees

Hiring Process with Human Resources (H.R.) in the District Office (D.O.)

- Application submitted to D.O.
- Provide proof of License (Substitute or Teacher) – licensing is done through the State of Nevada Department of Education-
 - o Website and contact information can be acquired at request at D.O.
- Finger Printing – *(not necessary if employee has license)*
 - o Employee **pays \$38.25 until Oct. 2016 then \$36.25 (exact change or check)**
 - o Employee will be reimbursed once work a day
(D.O. provides form and the fingerprinting is done at the Sheriff's office located at 395 9th Street; Lovelock; form is returned to D.O. after fingerprinting)
- Basic Documents (3) submitted (W-4, I-9, Emergency Contact Form) to D.O.
- Sign up for New Hire Training
- New hire training completed:
 - Classroom management/bully training,
 - Safety/SDS,
 - FERPA/aversives.
- Employee handbook done with HR and submitted to D.O.
- Substitute has option of shadowing up to 8 hrs. (It is the new hire's responsibility to schedule with secretaries).
- Confirm with District Office that all paperwork/screening received and approved before employee can work

An Email is sent to Secretaries at the prospective schools notifying that you are approved to work

PERSHING COUNTY SCHOOL DISTRICT

EMERGENCY INFORMATION

SECTION I – EMERGENCY CONTACT INFORMATION - PLEASE PRINT CLEARLY

TODAY'S DATE _____

NAME _____
Last Name First Name Middle

PHYSICAL ADDRESS _____
Street City/State Zip Code

MAILING ADDRESS _____ HOME PHONE (775) _____

EMAIL ADDRESS: _____ CELL NUMBER (775) _____

In case of an emergency, contact:

CONTACT #1

NAME _____ RELATIONSHIP _____

PHYSICAL ADDRESS _____
(If same as your address, please write "SAME") City/State Zip Code

WORK PHONE (_____) _____ HOME PHONE (_____) _____
Area Code Area Code

CELL PHONE (_____) _____ EMAIL ADDRESS _____
Area Code

CONTACT #2 (Please list relative or friend not living with you)

NAME _____ RELATIONSHIP _____

MAILING ADDRESS _____
P.O. Box/Street Address City/State Zip Code

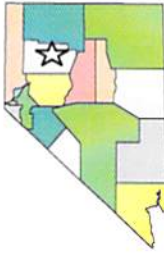
PHYSICAL ADDRESS _____
(If same as your address, please write "SAME") City/State Zip Code

WORK PHONE (_____) _____ HOME PHONE (_____) _____
Area Code Area Code

CELL PHONE (_____) _____ EMAIL ADDRESS _____
Area Code

SECTION II – EMERGENCY MEDICAL INFORMATION:. *All medical information provided will be kept by the district nurse in a locked file and will be held in the strictest of confidence. Completion of this section is optional; however, it could be beneficial in case of a medical emergency.*

In the event of an emergency and there is an opportunity to convey health information to emergency medical personnel, please provide any information concerning allergies, medications, health condition, etc. :



PERSHING COUNTY SCHOOL DISTRICT
 P.O. BOX 389 - LOVELOCK, NV 89419-0389 - 1150 ELMHURST AVE. LOVELOCK, NV 89419
 PHONE (775) 273-7819 - FAX: (775) 273-2668
 WWW.PERSHING.K12.NV.US

EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

Pershing County School District is an affirmative action, equal employment opportunity institution and does not discriminate based on race, age, color, national origin, sex, religion, disability, sexual orientation or gender identity or expression.

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name _____ Date _____
 Mailing Address _____

City _____ State _____ Zip Code _____

Email address: _____

Telephone(s) Home () _____ Cell () _____ Work () _____

Position Applied for _____

How did you hear about this position? Advertisement Walk-In Referral (by whom?) _____

Other (explain) _____

If offered employment, when will you be available to begin? _____

What type of employment will you accept? Full-Time Part-Time Temporary

Will you be available for shift work? Yes No

Will you be available to work weekends and/or holidays if necessary? Yes No

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand the job requirements? Yes No

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age? Yes No

After an offer of employment, can you submit verification of your legal right to work in the United States? Yes No

List other names, if any, you have used. _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

LICENSES (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

Answer only if position requires.

Do you possess a valid driver's license? Yes No

If so, license expires _____ Class _____ Restrictions (if any) _____

For positions that require typing: I certify that I can type at a speed of _____ WPM.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate.

OTHER INFORMATION

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?..... Yes No

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

Have you ever been disciplined in your employment related to workplace violence?..... Yes No

If yes, please explain.

Do you presently use illegal drugs? Yes No

Have you ever been employed by Pershing County School District? Yes No

If yes, please provide the following information:

Department _____ Position Title _____

Dates of Employment _____ Reason for Separation _____

Are you related to anyone who is currently employed by Pershing County School District?..... Yes No

If yes, please provide the following information:

Related person's name _____ Department _____

Relationship _____

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do NOT use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.) Yes No

Present Employer _____ Present Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties _____

Reason for Leaving _____

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact the Pershing County School District Office, (Human Resources Department).

- _____ 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 Pershing County School District and will become part of my personnel file if I am hired.
- _____ I authorize Pershing County School District 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 Pershing County School District. In addition, I authorize Pershing County School District 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 Pershing County School District 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 Pershing County School District 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 Pershing County School District consideration of my employment application, and/or any continued employment with Pershing County School District I authorize anyone possessing information to furnish it to Pershing County School District upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Pershing County School District, 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 Pershing County School District should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.
- _____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Pershing County School District. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Pershing County School District 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 Pershing County School District 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 Pershing County School District. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____