CERTIFIED APPLICATION

I Can Do Anything Charter High School

1195 Corporate Blvd. Reno NV 89502 Phone: (775) 857-2114 or (775) 857-1544

Fax: (775) 857-6825



Position for which you are applying Dear Applicant, Please complete the entire application. The information requested is for bonafide occupational qualifications and /or is necessary to complete a security clearance. A resume is required. Your resume, however, cannot be substituted for any information requested. You must complete this application. An incomplete application may result in your not being considered. Your application and all attachments become the property of ICDA and cannot be returned. If you are hired, documentation showing eligibility for employment in the United States will be required. Please contact ICDA if you have any questions about completing this application. Contact us in person or by email: mspencer@icdachs.com or (775) 857-2114. Last Name First Name Middle Social Security #_____/____Other Names Used_____ _____City_____State____Zip____ Street Address Mailing Address______City____State___Zip____ Home Phone () Cell Phone () Present Position or Status May we contact your present employer? \square Yes \square No (Please note that it may be necessary to contact your current employer prior to an offer of employment. If you check, NO, you will be notified prior to us contacting your current employer.) Have you ever applied for a position at ICDA? Yes No When? What position?_____ Why/why not did/didn't you get the position?_____ Are you a current employee of WCSD? \square Yes \square No Are you a former employee of WCSD? \square Yes \square No If yes to either question above, in what position(s)?_____ Are you currently licensed by the Nevada State Board of Education to teach in Nevada? Yes No In completing this section, please list only the subjects you are or may be licensed to teach in grades 9-12 in the state of Nevada. Designate in order of preference: 1._____ 5.____ Please list any activities or special subjects you are qualified to advise or teach. Do you have any skills or interests outside the field of education that you may be willing to share? Please give particulars of each in the space below:

TEACHING / ADMINISTRATIVE EXPERIENCE

Please account for all teaching and/or administrative experience. Begin with most recent administrative experience, then teaching and substituting employment and student teaching. You may attach additional pages, if necessary.

Check all that apply:	School Name	Subject(s)
☐ Public School		
☐ Private School	Address, City, State, Zip	Grade(s)
☐ Charter School		
☐ Substitute Teach.	Evaluator's Name and Title	From To
☐ Contracted Teach.		
☐ Part-time	Evaluator's Phone Number	Number of School Years
☐ Full-time		
☐Team Teaching	Reason for Leaving	Annual Salary
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☐Team Teaching	Reason for Leaving	Annual Salary
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☐ Please see attachments.

TOTAL NUMBER OF SCHOOL YEARS_____

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	Reason for Leaving	Annual Salary
Team reaching		
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□Team Teaching		

☐ Please see attachments.

NON-TEACHING EMPLOYMENT / MILITARY SERVICE

Full-Time	☐ Part-Time	Employer			Supervisor's Name and Title			
Reason for Leaving Part-Time		Address, City, State, Zip		Superv	Supervisor's Phone Number			
Part-Time		Major Responsibilities and % of Time Spent on Each		Date F	Date From Date		Го	
Part-Time	\$ Reason for Leaving			Total Y	Total Years and Months			
Address, City, State, Zip Supervisor's Phone Number 40 hours/week Total Monthly Salary Major Responsibilities and % of Time Spent on Each Date From Date To Total Years and Months TOTAL YEARS/MONTHS EXPERIENCE EDUCATION AND TRAINING Please list most current graduate/undergraduate work first. Transcripts will be required. Quarter hours x 2/3 = semester hour Circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 17 18 19 20Specify: diploma/de Indicate name and location of last school attendedDid you graduate? Yes High school equivalent: Successful completion of:GEDUSAFOther	☐ Part-Time	Employer		Superv	risor's Nam	e and Title		
Total Monthly Salary Major Responsibilities and % of Time Spent on Each Date From Date To Reason for Leaving Total Years and Months TOTAL YEARS/MONTHS EXPERIENCE EDUCATION AND TRAINING Please list most current graduate/undergraduate work first. Transcripts will be required. Quarter hours x 2/3 = semester hour Circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 17 18 19 20Specify: diploma/de Indicate name and location of last school attendedDid you graduate?		Address, City, Sta	te, Zip	Superv	risor's Phor	ne Number		
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REFERENCES

Please list four references (do not include relatives) who are familiar with your work experience, character, education and general abilities. At least two of these must be current or previous supervisors (please asterisk*).

Name	Title	Phone ()				
Address, City, State, Zip						
Name	Title	Phone ()				
Address, City, State, Zip						
Name	Title	Phone ()				
Address, City, State, Zip						
Name	Title	Phone ()				
Address, City, State, Zip						
I CERTIFY that the above information is true and complete to the best of my knowledge. I understand that my						
application will immediately be rejected or, if employed, I may be immediately discharged for providing false information						
in this application or omitting material information requested.						
Applicant's Name (Please Print)	Applicant's Signatur	e Date				

NON-DISCRIMINATION STATEMENT

ICDA Charter High School does not discriminate against any person on the basis of race, color, national origin, sex, disability and age, and that they provide equal access to the Boy Scouts of America and other designated youth groups.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE NON-DISCRIMINATION POLICIES, CONTACT:

Dawn D. Gilmore-Reid Principal (775) 857-2114 Mylee Spencer (775) 857-1544