

NON-LICENSED APPLICATION

ICDA Charter High School

1195 Corporate Blvd. Reno NV 89502

Phone: (775) 857-2114 or (775) 857-1544

Fax: (775) 857-6825 Email: mspencer@icdachs.com



Position for which you are applying _____ Date _____

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 _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Present Position or Status _____

May we contact your present employer? Yes 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? Yes No Are you a former employee of WCSD? Yes No

If yes to either question above, in what position(s)? _____ Dates _____

How many years/months experience do you have in the type of position for which you are applying? _____

JOB RELATED SKILLS: Please describe below what your most important qualifications are for this specific position.

List the licenses/certificates you possess that are requirements or are desirable for this position: _____

RELATED EXPERIENCE

Public School <input type="checkbox"/>	School:	From: _____ To: _____
Private School <input type="checkbox"/>	Address:	# School Years: _____
Charter School <input type="checkbox"/>	Evaluator/Title:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Other <input type="checkbox"/>	Contact Info:	# Hours: _____
	Reason for Leaving:	Salary: _____

Public School <input type="checkbox"/>	School:	From: _____ To: _____
Private School <input type="checkbox"/>	Address:	# School Years: _____
Charter School <input type="checkbox"/>	Evaluator/Title:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Other <input type="checkbox"/>	Contact Info:	# Hours: _____
	Reason for Leaving:	Salary: _____

Public School <input type="checkbox"/>	School:	From: _____ To: _____
Private School <input type="checkbox"/>	Address:	# School Years: _____
Charter School <input type="checkbox"/>	Evaluator/Title:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Other <input type="checkbox"/>	Contact Info:	# Hours: _____
	Reason for Leaving:	Salary: _____

Public School <input type="checkbox"/>	School:	From: _____ To: _____
Private School <input type="checkbox"/>	Address:	# School Years: _____
Charter School <input type="checkbox"/>	Evaluator/Title:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Other <input type="checkbox"/>	Contact Info:	# Hours: _____
	Reason for Leaving:	Salary: _____

Please see attachments.

TOTAL NUMBER OF SCHOOL YEARS _____

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 Signature

Date

SUBMIT COMPLETED APPLICATION TO Mylee Spencer

Email: mspencer@icdachs.com

Mail: 1195 Corporate Blvd. Reno NV 89502

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
mspencer (775) 857-1544