

**University of Nevada, Las Vegas**  
 Lynn Bennett Early Childhood Education Center  
 UNLV/CSUN Preschool

## Request for Employment

Spring 2017     Summer 2017     Fall 2017

Name: \_\_\_\_\_ NSHE#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Major: \_\_\_\_\_ Freshman    Sophomore    Junior    Senior

Student Status (\$8.25/hour):

Work Study Status (\$10.00/hour):

\*\*I acknowledge that I must maintain 6 credits and a 2.0 GPA in order to be employed. I must notify administration immediately the day any class is dropped/withdrawn. (Must be done by the **Add/Drop** date).

\*\*I understand that all paperwork processed by the first day of the pay cycle will allow my work hours to be submitted by the end of that pay cycle **provided all paperwork submitted is complete**. The first paycheck could be issued two or three pay periods.

(initial) \_\_\_\_\_ (date) \_\_\_\_\_

Note the hours you are available:

Days	Hours Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

\*\*\*\*\*

**Office Use Only:**      Semester: \_\_\_\_\_      Approved: \_\_\_\_\_

\_\_\_ WS \_\_\_ ST      Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

University of Nevada, Las Vegas  
Lynn Bennett Early Childhood Education Center  
UNLV/CSUN Preschool

## Employment Application

The University of Nevada, Las Vegas is an equal opportunity/affirmative action employer. UNLV employs only U.S. citizens and those person/s authorized to work in the U.S. All applicants must be 18 years of age to work at the preschool.

### Type of Employment:

- Work Study (must attach work study award letter)  
 Student  
 Other

Date: \_\_\_\_\_

Name: \_\_\_\_\_ NHSE #: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

UNLV Email Address: \_\_\_\_\_

Alternative Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Full Time Student? Yes No

Freshman Sophomore Junior Senior Other

Major: \_\_\_\_\_

Office Experience? \_\_\_\_\_

Child Care Experience? \_\_\_\_\_

Do You Speak Another Language?  YES  NO

Language(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Employment History with References

The State of Nevada Child Care Licensing Bureau requires a complete history for the past 10 years. Employment should include the name of your employer, your supervisor, and a phone number that is current. All gaps in employment must be explained in writing,  
(Example: "June 05- July 06 quit work to complete AA degree at CSN)

## Begin with your most recent employment:

Company \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Company \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

Company \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

Company \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

## Personal References

Please list (3) character references UNRELATED to you and who are NOT currently employed at UNLV/CSUN Preschool.

1. Name \_\_\_\_\_ Contact Number \_\_\_\_\_

2. Name \_\_\_\_\_ Contact Number \_\_\_\_\_

3. Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Please Read Before Signing

I understand that the University will rely upon the information I have provided in this application and during my interview. I certify that I have had sufficient time to carefully fill out this application and the answers given herein are true and complete to the best of my knowledge and that my application does not contain any errors, omissions, misrepresentations, or any information which could be interpreted as misleading. I understand that any error, omission, misrepresentation, or misleading information in my application or interview(s) or during the application process will be grounds for termination of employment or rescinding of my offer of employment. I authorize the employers, schools, or persons named above to release to the University all information regarding my employment, character and qualifications, and agree to hold all persons who provide information to the University harmless with respect to the information they may give, receive or publish.

I understand that nothing contained in this employment application creates a contract between the University and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the University. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without cause, and with or without notice, at any time, at the option of either the University or myself. I also understand that I am required to abide by all of the rules and regulations of the University or myself. I also understand that I am required to abide by all of the rules and regulations of the University and the State of Nevada.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: As a condition of employment you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9.

# Employment Requirements

PLEASE REMOVE THIS PAGE FROM THE APPLICATION AND KEEP FOR YOUR REFERENCE

Once hired please bring the following items to complete the hiring process:

- 1) Child Care Sheriff's Card
- 2) TB Certificate (TB test given at Student Health Center for \$10 or you may private physician)
- 3) I-9 Part One (this is done on-line prior to processing— instructions attached)
- 4) Two pieces of identification (see a list of acceptable IDs on the I-9 instruction sheet)

To obtain your sheriff's card go to:

Sheriff's Department  
400 S. Martin L. King Blvd., Building C  
(702) 828-3271  
Open: 8-4pm M-F  
\$77.50

\*be sure to have the required pink slip / will receive a temporary sheriff's card which expires in 90 days / must return to get permanent sheriff's card 8 days before the temporary card expires. Please submit to office **IMMEDIATELY.**

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**Within 2 weeks of employment the following must be submitted:**

Health Assessment Clearance (from Student Health Center, 895-3370)  
Immunization record

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**All trainings must be approved by the Nevada Registry – Serving Nevada's Early Childhood professionals**

<http://www.nevadaregistry.org>

Within **90 days of initial employment** the following trainings are required:

- 2 hrs Recognizing and Reporting Child Abuse and Neglect
- 2 hrs Symptoms of Illness/University Precautions Bloodborne Pathogens
- 3 hrs CPR/First Aid - \$35
- 2 hrs SIDS
- 3 hrs Child Development

Trainings must be completed as followed to prevent any hindrance of your employment

3 trainings first month Date: \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

3 trainings second month Date: \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

1 training third month Date: \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ + \_\_\_\_\_

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Within **6 months of initial employment** the following trainings are required:

-2 hrs of Health & Wellness (Required Annually)

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Nevada State Licensing requires 24 hrs of training. Our licensing year begins in November and ends in the following October. **This must be completed in incremented of 2 hours per month. Submit TRANSCRIPTS for potential eligible courses for credit toward the 24 hours.**



## Do You Speak Another Language?

YES, I Do!

Language(s) \_\_\_\_\_

NO, I DO NOT!

This is solely for the purpose of