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 I must notify administration immediately the day any class is dropped/withdrawn.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:  

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours Available</th>
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<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Thursday</td>
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<td>Friday</td>
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**********************************************************************************  

Office Use Only:  

Semester: ___________  

Approved: _____________________________  

___ WS  ___ ST  

Date: ___________  

Start Date: ___________
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_____________________

***************************************************************************
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.

Within 2 weeks of employment the following must be submitted:
Health Assessment Clearance (from Student Health Center, 895-3370)
Immunization record

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 __________ / __________ + __________

Within 6 months of initial employment the following trainings are required:
- 2 hrs of Health & Wellness (Required Annually)

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