Application Instructions

Dear Applicant:

The following information has been prepared to assist with the preparation of your application materials.

Before submitting your application, check the items below to ensure that you have properly completed the application packet. Be sure to check the section on the Position Announcement (Job Description) entitled “Documents required at the time of application”. The information contained in this section is critical. To ensure successful processing of your application you must:

- Present the copies of all documents as listed under the “Documents required at the time of application” section in the Position Announcement. Foreign documents verifying high school graduation/completion, college transcripts, etc., must be evaluated by a nationally recognized evaluation agency approved by the Nevada Commission on Professional Standards in Education. The diploma submitted must be equivalent to a high school diploma granted in the United States in order to be recognized as a valid form of documentation.

- Complete all address information including zip code, fax, e-mail and phone numbers for all 3 current references or former supervisors. If you are new to the workforce, references will be accepted from former teachers, counselors, clergy, or other professionals. References from relatives, friends, or co-workers will not be accepted.

- Complete the 10-year work history beginning with your most current position on the back of the application form. You must account for all periods that you were not employed to include months and years.

- Sign your application before submitting it to Human Resources Division.

If you answer “Yes” to any of the questions on the “Release of Information” form you must also provide:

- A letter of explanation is required if you mark “yes” to any question on the Release of Information form and/or you were terminated from any position.

- A letter of explanation is required if you have had any DUls and/or you were issued any traffic citations.

- Copies of any and all arrest records including police reports and criminal complaints. If records have been destroyed per agency procedures, a letter indicating such must be provided.

- Copies of any court disposition documents.

Note: If Human Resources is unable to secure at least two references within 10 days, your application will become inactive until the necessary references are received. Applications will not be accepted if any of the above information is incomplete or required documents are not present at the time of submission.

Clark County School District
Edward Greer Education Center
2832 E. Flamingo Road (East of Eastern Ave)
Las Vegas, NV 89121

Thank you for expressing interest in employment opportunities with the Clark County School District.
PLEASE PRINT

DATE: August 2013

POSITION YOU ARE APPLYING FOR: BUS DRIVER TRAINEE (Job Code 6105)

Last Name ___________________________ First Name ___________________________ MI ___________________________

Social Security Number: ___________________________ Mailing Address: ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

E-mail Address: ___________________________ Home Phone: ___________________________

Cell Phone: ___________________________

IF A PRIOR CCSD EMPLOYEE, LIST NAME YOU WORKED UNDER AND DATES EMPLOYED:

Name: ___________________________ (From: ___________________________ To: ___________________________)

• 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
• Are you able to perform the essential tasks of the position for which you are applying, with or without reasonable accommodation? ___ YES ___ NO

ACCOMMODATION:

EDUCATION: (Originals of Diplomas/Transcripts are required for declared education.) Please use the following codes:

Highest Education: ___________________________ Major: ___________________________

(Post high school, only) NSG = NON HIGH SCHOOL GRADUATE HGS = HIGH SCHOOL DIPLOMA BOO = BA/BS DEGREE
GED = GENERAL EQUIVALENCY DIPLOMA AOO = AA DEGREE MOO = MA/MS DEGREE

SPECIAL SKILLS: (Documentation/Verification is required, if declared.)

Do you sign? ___________________________ What level? ___________________________ Are you fluent in any language other than English? ___ YES ___ NO

Language spoken: ___________________________ Language written: ___________________________

Do you type/key/other? Must have been tested within the last 6 months and can have no more than 5 errors. _____ YES _____ NO Net Speed? ___________________________

Can you take dictation? ___ YES ___ NO What speed? ___________________________

VOLUNTEER EXPERIENCE: Please identify verifiable volunteer experience you may have had working with children in schools, service clubs, or community agencies. (List agency, phone number, and dates of volunteer work):

Dates: ___________________________ Supervisor: ___________________________

Phone: ___________________________ Fax: ___________________________

Service performed/position/phone number: ___________________________

**IF YOU HAVE BEEN DISMISSED FROM A POSITION OR ASKED TO RESIGN FOR ANY REASON, YOU MUST ATTACH A CONFIDENTIAL EXPLANATION TO THIS COMPLETED SCREENING DOCUMENT AND ADDRESS IT TO THE ATTENTION OF THE EXECUTIVE DIRECTOR, HUMAN RESOURCES DIVISION.**

LIST YOUR THREE (3) MOST RECENT EMPLOYERS AND SUPERVISORS WHO CAN VERIFY YOUR JOB PERFORMANCE AND CAN SUPPLY A REQUIRED REFERENCE (RELATIVES ARE NOT ACCEPTABLE REFERENCES).

Current employer/Company name: ___________________________

Street address: ___________________________ City, State, Zip code: ___________________________

Employer phone: ( ) ___________________________ Employer fax: ( ) ___________________________

Employer E-mail: ___________________________

Name of your supervisor: ___________________________

Your position title: ___________________________

Your duties: ___________________________

Dates of employment: From: ___________________________ To: ___________________________

* Explain your reason for leaving: ___________________________

MAY WE CONTACT YOUR PRESENT EMPLOYER NOW? ___ YES ___ NO

If no, when? ___________________________

YOUR CURRENT EMPLOYER WILL BE CONTACTED PRIOR TO THE FINAL SCREENING.

Former employer/Company name: ___________________________

Street address: ___________________________ City, State, Zip code: ___________________________

Employer phone: ( ) ___________________________ Employer fax: ( ) ___________________________

Employer E-mail: ___________________________

Name of your supervisor: ___________________________

Your position title: ___________________________

Your duties: ___________________________

Dates of employment: From: ___________________________ To: ___________________________

* Explain your reason for leaving: ___________________________

Former employer/Company name: ___________________________

Street address: ___________________________ City, State, Zip code: ___________________________

Employer phone: ( ) ___________________________ Employer fax: ( ) ___________________________

Employer E-mail: ___________________________

Name of your supervisor: ___________________________

Your position title: ___________________________

Your duties: ___________________________

Dates of employment: From: ___________________________ To: ___________________________

* Explain your reason for leaving: ___________________________

This employer does not knowingly discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability or national origin.
LIST YOUR WORK HISTORY AND PERIODS OF UNEMPLOYMENT FOR THE PAST TEN (10) YEARS IN CHRONOLOGICAL ORDER STARTING WITH YOUR CURRENT EMPLOYER. USE AN ATTACHED CONTINUATION SHEET IF NECESSARY.

*IF YOU HAVE BEEN DISMISSED FROM A POSITION OR ASKED TO RESIGN FOR ANY REASON, YOU MUST ATTACH A CONFIDENTIAL EXPLANATION TO THIS COMPLETED SCREENING DOCUMENT AND ADDRESS IT TO THE ATTENTION OF THE EXECUTIVE DIRECTOR, HUMAN RESOURCES DIVISION.

<table>
<thead>
<tr>
<th>COMPANY NAME/UNEMPLOYED</th>
<th>CITY</th>
<th>JOB TITLE/DUTIES</th>
<th>MO/YR</th>
<th>MO/YR</th>
<th>REASON FOR LEAVING EMPLOYMENT OR FOR BREAK IN SERVICE</th>
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IF YOU ARE NEW TO THE WORK FORCE, YOU MAY USE FORMER TEACHERS, COUNSELORS, CLERGY, OR OTHER PROFESSIONALS WITHIN THE COMMUNITY FROM WHOM WE MAY OBTAIN FIRSTHAND KNOWLEDGE OF YOUR ABILITIES, CHARACTER, AND PERSONALITY.

1. Name: ________________________________________________________________
   Address: ______________________________________________________________
   City, State, Zip: ________________________________________________________
   Phone: ___________________________ Fax: _______________________________
   E-mail: ________________________________________________________________
   Community position: ____________________________________________________
   Relationship: __________________________________________________________

2. Name: ________________________________________________________________
   Address: ______________________________________________________________
   City, State, Zip: ________________________________________________________
   Phone: ___________________________ Fax: _______________________________
   E-mail: ________________________________________________________________
   Community position: ____________________________________________________
   Relationship: __________________________________________________________

3. Name: ________________________________________________________________
   Address: ______________________________________________________________
   City, State, Zip: ________________________________________________________
   Phone: ___________________________ Fax: _______________________________
   E-mail: ________________________________________________________________
   Community position: ____________________________________________________
   Relationship: __________________________________________________________

PLEASE READ AND SIGN

**THIS DOCUMENT IS NOT AN OFFER OF EMPLOYMENT.**

I authorize the Clark County School District or its designated representative to request any information in any form including but not limited to written, electronic or verbal response from my previous employers and professional references. I agree to hold the Clark County School District and its employees, as well as my previous employers, character and professional references harmless as to any information provided. I waive the right to hold liable those persons whose names appear on this form.

I have never been dismissed from a position nor have I been asked to resign for any reason. (In the event that the applicant has been dismissed, asked to resign, or resigned in lieu of discipline, an explanation must be attached to the completed form and addressed to the attention of the Executive Director, Support Staff Personnel. Please place explanation in a sealed envelope and attach to this form.)

I understand that if I am considered for employment with the Clark County School District and am related to a current member of the Board of School Trustees, Nevada law requires that such a relationship be reported prior to hiring.

I further understand that any false statements, misrepresentation or omission of facts from any employment document are grounds for dismissal or removal from consideration for employment. I hereby certify that the statements included in this form are true and correct to the best of my knowledge and belief.

My signature below constitutes a waiver of any rights I may have to inspect and review the Support Staff Confidential Reference forms and all other materials requested and/or submitted on a confidential basis regarding this form.

Written signature of applicant ___________________________ Date ________________
The Nevada Criminal History Act, effective July 1, 1979, provides that an agency of Criminal Justice must provide to a prospective employer, upon request, records of criminal history concerning a prospective employee which reflect:

1. convictions that pertain to an incident for which the prospective employee is currently within the court system, including parole or probation; and
2. with written consent of the prospective employee to the Agency, conviction and non-conviction data.

The Privacy Act of 1974 (PL. 93-579) requires that federal, state, or local agencies inform individuals whose social security number is requested (whether such disclosure is mandatory or voluntary), the basis of authority for such solicitation, and uses which will be made of it.

This release, therefore, allows both conviction and non-conviction data to be released to the prospective employer.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes any determination before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

1. Have you ever been arrested for a felony? yes no
2. Have you ever been charged with a felony? yes no
3. Have you ever been convicted of a felony? yes no
4. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex related offense? yes no
5. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex related offense? yes no
6. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex related offense? yes no
7. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug related offense? yes no
8. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug related offense? yes no
9. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug related offense? yes no
10. Have you ever been arrested for an act of violence, including domestic violence? yes no
11. Have you ever been charged with an act of violence, including domestic violence? yes no
12. Have you ever been convicted of an act of violence, including domestic violence? yes no
13. Have you ever been discharged or separated from a position with a school district or any other employer or asked to resign a support staff position or any other assignment? yes no
14. Have you ever been the subject of an investigation by a school district or any other employer? yes no

IF YOU ANSWERED YES TO ANY OF THE ABOVE FOURTEEN QUESTIONS, YOU MUST DIRECT A CONFIDENTIAL LETTER TO THE EXECUTIVE DIRECTOR, HUMAN RESOURCES DIVISION, EXPLAINING ANY AND ALL SITUATION(S) THAT CAUSED YOU TO ANSWER YES. PLEASE INCLUDE COPIES OF THE ARREST RECORD(S), AND ANY COURT DISPOSITION DOCUMENTS. Note: Existence of a criminal record does not constitute an automatic bar to employment.

DRIVING HISTORY

- List all DUI/DWI and/or related charges within the past TEN (10) years.
- List all suspensions/revocations of your driver's license within the past five (5) years.
- List all traffic citations (non-parking) received within the past five (5) years.

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<th>DATE (mo./yr.)</th>
<th>LOCATION</th>
<th>ORIGINAL SPECIFIC CITATION</th>
<th>PENALTY</th>
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THIS DOCUMENT IS NOT A CONTRACT OR OFFER OF EMPLOYMENT

Failure to disclose your complete criminal record will result in removal from consideration for employment or in dismissal. The existence of a criminal record does not constitute an automatic bar to employment. A confidential written explanation of conviction(s), including minor misdemeanor traffic citations, must be attached to and provided with this document at the time it is submitted to the Executive Director, Human Resources Division.

READ AND SIGN: I understand any false statement, misrepresentation, or omission of fact from any employment document is grounds for dismissal or removal from consideration for employment. I hereby certify that the statements above are true and correct to the best of my knowledge and belief. I waive the right to hold liable those persons whose names appear on the application form. I understand that before employment becomes effective or compensation is possible, I must personally comply with the Immigration Reform Act of 1986, and I understand that I may not begin service or receive pay until proper documents are provided to meet the I-9 requirements. I further understand that if I am considered for employment with the Clark County School District and am related to a current member of the Board of School Trustees, Nevada Law requires that such a relationship be disclosed prior to hiring. I authorize Clark County School District and its designated representative to request and obtain any information in writing or orally from my previous employers and professional references. I agree that all such information provided will remain confidential and unavailable for my review and will not be released to the Nevada Highway Patrol (NHP) and Federal Bureau of Investigation (FBI), in accordance with the Privacy Act of 1974.

I understand that this is a condition of employment with the Clark County School District. Disclosure of the social security number is mandatory and will be used to determine arrest/conviction information.

APPLICANT NAME (print): ____________________________

APPLICANT SIGNATURE: ____________________________

Social Security No.: ____________________________ Date of Birth: ____________________________

Witness: ____________________________ Date: ____________________________
CDL TESTING INFORMATION
FOR BUS DRIVER TRAINEE

To operate a school bus in the state of Nevada, you must possess a Class B Commercial Driver’s License with the appropriate endorsements.

In order to qualify for the Bus Driver Trainee position, you must pass the CDL testing conducted through the Department of Motor Vehicles. If you have a Class C license, you must take all the tests listed below:

1. The General Knowledge Test (Sections 1 and 2)
2. The Passenger Transport Test (Section 4)
3. The Air Brakes Test (Section 5)
4. The School Bus Test (Section 10)

CLASS A AND B LICENSE HOLDERS
If you already possess a Class A or Class B license with no passenger and/or school bus endorsement, you will have to take the passenger and school bus written tests. If you have an air brake restriction, that test must be taken as well.

It is recommended that you obtain a study guide prior to taking the tests. All study guide information can be found at http://www.dmvnv.com/cdl.htm

All testing is conducted through one DMV location
4110 Donovan Way, North Las Vegas, NV 89030

The results of these tests must be provided to CCSD along with your completed application.

If you are recommended for hire, instructions will be provided regarding obtaining your permit and your physical.
Clark County School District
Human Resources Division
Support Staff Personnel Services

TO: Applicants
FROM: Human Resources Division
SUBJECT: DISTRICT POLICY/PROCEDURES

Nepotism Disclosure: In accordance with state law and/or school district policies and regulations, certain procedural steps must be taken if a prospective employee is related within the third degree of consanguinity or affinity to any member of the Board of School Trustees or to an employing authority of the district; nor are employees to be assigned to positions under the direct supervision of a person related by blood or marriage within the third degree. (see back)

Therefore, to assist the Personnel Division in developing appropriate screening and interview committees as well as determining appropriate assignment of potential employees, all applicants must complete and sign the following below:

APPLICANT NAME:______________________________________________________
LAST                      FIRST                      MI

SSN: _ _ _ / _ _ / _ _ _

I am related to the following member(s) of the Board of School Trustees:

Name of Board Member:____________________________________________________
Relationship: ____________________________________________________________

I am related to the following Clark County School District Employee(s):

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<tr>
<th>Name</th>
<th>Title</th>
<th>Work Location</th>
<th>Relationship</th>
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____________________________________                                            ____/____/____
Signature of Applicant                      Date
MISCELLANEOUS PROVISIONS AND PROHIBITIONS

NRS 281.210 Officers of State, political subdivision and University and Community College System of Nevada prohibited from employing relatives; exceptions; penalties. [Effective through June 30, 2009.]

1. Except as otherwise provided in this section, it is unlawful for any person acting as a school trustee, state, township, municipal or county officer, or as an employing authority of the University and Community College System of Nevada, any school district or of the State, any town, city or county, or for any state or local board, agency or commission, elected or appointed, to employ in any capacity on behalf of the State of Nevada, or any county, township, municipality or school district thereof, or the University and Community College System of Nevada, any relative of such a person or of any member of such a board, agency or commission who is within the third degree of consanguinity or affinity.

2. This section does not apply:
   (a) To school districts, when the teacher or other school employee is not related to more than one of the trustees or person who is an employing authority by consanguinity or affinity and receives a unanimous vote of all members of the board of trustees and approval by the Department of Education.
   (b) To school districts, when the teacher or other school employee has been employed by an abolished school district or educational district, which constitutes a part of the employing county school district, and the county school district for 4 years or more before April 1, 1957.
   (c) To the spouse of the warden of an institution or manager of a facility of the Department of Corrections.
   (d) To relatives of blind officers and employees of the Bureau of Services to the Blind and Visually Impaired of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation when those relatives are employed as automobile drivers for those officers and employees.
   (e) To relatives of a member of a town board of a town whose population is less than 300.

3. Nothing in this section:
   (a) Prevents any officer in this state, employed under a flat salary, from employing any suitable person to assist in any such employment, when the payment for the service is met out of the personal money of the officer.
   (b) Disqualifies any widow with a dependent as an employee of any officer or board in this state, or any of its counties, townships, municipalities or school districts.

4. A person employed contrary to the provisions of this section must not be compensated for the employment.

5. Any person violating any provisions of this section is guilty of a gross misdemeanor.

CONFIDENTIAL REFERENCE

APPLICANT’S NAME (Print): ____________________________________________

POSITION APPLYING FOR: ____________________________________________

REFERENCE ADDRESS AND COMPANY NAME: ____________________________

____________________________________________________________

I have applied for a Support Staff position with the Clark County School District and have authorized the district or its designated representative to request any written or oral information from current and previous employers, supervisors, professional, and character references. I have also agreed to hold the Clark County School District and its employees, as well as previous employers, supervisors, professional, and character references harmless as to any information provided. I have also waived any right to inspect and review the Confidential Reference form and all other materials requested and/or submitted on a confidential basis in regards to the application submitted as stipulated in Chapter 613 of the Nevada Revised Statutes (NRS 613.075).

Please complete the Support Staff Confidential Reference form and return it in the enclosed envelope, or via fax to (702) 799-1141, at your earliest convenience. Obtaining a reference is required as a condition for my employment.

APPLICANT’S SIGNATURE: ____________________________________________

DATE: _____/_____/_______ SOCIAL SECURITY #: ___XXX___ - ___XX___ - _________

Chapter 41 of the Nevada Revised Statutes (NRS 41.755) states, in part, an employer who at the request of a present or past employee, discloses employment history to a prospective employer is immune from civil liability for such disclosure and its consequences. This immunity does not apply to an employer who (a) acted with malice or ill will; (b) disclosed information believed inaccurate; (c) disclosed information known to be wrong; (d) recklessly or intentionally disclosed inaccurate information; (e) deliberately disclosed misleading information; or (f) disclosed information in violation of law or in violation of an agreement with the employee.

Please complete the reverse side of this reference and return it in the enclosed envelope or by fax (702) 799-1141 (ATTN: Document Clerks).

References are required for this candidate to be further considered. For this reason, we respectfully request that references be returned to the Clark County School District as soon as possible, within 10 days from the “date sent” noted above. Again, to expedite processing, you may fax this form to (702) 799-1141. Thank you.

☐ IF YOU WOULD PREFER TO DISCUSS THE APPLICANT BY TELEPHONE, PLEASE PROVIDE YOUR TELEPHONE NUMBER, AND RETURN THIS FORM TO THE ADDRESS LISTED ABOVE.

SIGNED: ________________________________________________________

PHONE #: (_____) _______ - __________________________
CONFIDENTIAL REFERENCE

APPLICANT'S NAME (Print): __________________________________________________________

POSITION APPLYING FOR: __________________________________________________________

REFERENCE ADDRESS AND COMPANY NAME:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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☐ IF YOU WOULD PREFER TO DISCUSS THE APPLICANT BY TELEPHONE, PLEASE PROVIDE YOUR TELEPHONE NUMBER, AND RETURN THIS FORM TO THE ADDRESS LISTED ABOVE.

SIGNED: ___________________________________________ DATE: ______________________

PHONE #: (______) ____-_________
CLARK COUNTY SCHOOL DISTRICT EEO/AA DATA CARD

This employer does not knowingly discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, or national origin.

METHOD OF CONTACT

How did you first learn of a position with the CCSD?

- Career Fair
- Newspaper
- Out of District
- Radio
- Referral
- Self-initiative
- Website

Date ____________________

Name ________________________________________________________________

☐ Male    ☐ Female    Date of Birth __________________________

Last 4 digits of Social Security Number ____________________________

POSITION APPLYING FOR __________________________________________

THE FOLLOWING INFORMATION IS VOLUNTARY.

PLEASE CHECK APPROPRIATE BOX(ES):

☐ White    ☐ American Indian or Alaska Native

☐ Black or African American    ☐ Hispanic or Latino

☐ Asian    ☐ Other __________________________

☐ Native Hawaiian or Other Pacific Islander
NOTICE OF NONCRIMINAL JUSTICE APPLICANT’S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by Clark County School District that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 26 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

   16.34 - Procedure to obtain change, correction or updating of identification records.
   If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize the Clark County School District, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

   In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless any state or local agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application, I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

The Privacy Act of 1974 (P.L. - 93-579) requires that federal, state, or local agencies inform individuals whose social security number is requested (whether such disclosure is mandatory or voluntary), the basis of authority for such solicitation, and uses which will be made of it.

Applicant’s Name:

(PLEASE PRINT - LAST, FIRST, MIDDLE)

Date of Birth
Social Security #
Phone #

Address:

Applicant’s Signature: __________________________ Date: __________

---

CCSD POLICE SERVICES DEPARTMENT USE ONLY

Submitting Agency: Clark County School District Police Services

Address: 2832 E. Flamingo Road, Las Vegas, NV 89121

Agency Representative: __________________________ Date: __________

Agency Representative’s Signature: __________________________

CCSD Police Services

---

HUMAN RESOURCES DIVISION USE ONLY

(Check appropriate box)

☐ Administrator  ☐ ARL-LP  ☐ Licensed Substitute  ☐ Support Staff  ☐ Volunteer  ☐ Coach

☐ Licensed Personnel  ☐ TFA-LP  ☐ Support Staff Substitute  ☐ Title 1  ☐ Returning Employee

M.O. # __________________________ Date: __________

Rec’d by: __________________________