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

Request for Employment

☐ Fall 2020 ☐ Spring 2020 ☐ Summer 2020

Name: ______________________ NSHE#: ____________________

Home Phone: ________________ Cell Phone: ________________

E-mail Address: ____________________________________________

Major: ________________________  Freshman  Sophomore  Junior  Senior

Have you resided in Nevada for the last 5 years? ______
(If you have not resided in the State of Nevada for the past 5 years you will be required to complete a background check on all states you resided in per Child Care Licensing. Cost can range from $10-$60). Please see attached employment requirements.

<table>
<thead>
<tr>
<th>Student Status</th>
<th>Work Study Status</th>
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<td>☐ ($8.25/hour):</td>
<td>☐ ($10.00/hour):</td>
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**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 I must notify administration immediately the day any class is dropped/withdrawn.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).

*Please submit this Request with a copy of your Class List for proof of enrollment, your Financial Aid Summary – showing what you have accepted for Financial Aid, and an unofficial transcript. (MyUNLV)

**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 will be issued by next pay day cycle provide all paperwork submitted is complete.

**I understand that I must notify my supervisors of any other jobs. I acknowledge that if I am employed in another job for UNLV/NSHE I can only work up to 20 hours between both positions (Fall + Spring Semesters).

(Initial) ________ (date) __________

Note the hours you are available:

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours Available</th>
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<tr>
<td>Monday</td>
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<td>Tuesday</td>
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<td>Wednesday</td>
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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_____________________

********************************************************************************
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_____________________

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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 (FBI Background Check)
2) Out of State Background Check if applicable cost ranges from $10-$60.
3) TB Certificate (TB test given at Student Health Center for $20 or you may private physician - request the one step TB Test)
   You can obtain the TB Test on Mondays, Tuesdays, Wednesdays, and Fridays. (Thursdays do not allow you to get the second day check.)
4) Two pieces of identification are brought in at hiring appointment 2 & 3

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
$93.25

*be sure to have the required pink slip / will receive a temporary sheriff’s card which expires in 120 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
Employment Requirements

All trainings must be approved by the Nevada Registry – Serving Nevada’s Early Childhood professionals: http://www.nevadaregistry.org

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Within **120 days of initial employment**, the following trainings are required:

1. 2hrs SIDS – Online & FREE
2. 2hrs Recognizing and Reporting Child Abuse and Neglect – Online & FREE
3. 3hr CPR/First Aid - $40 – Nevada Registry (Reimbursed 3hrs only 120 days are completed)
4. 2 hrs Symptoms of Illness/Universal Precautions Bloodborne Pathogens – (Online & FREE)
5. 2 hrs Health & Wellness – Online & FREE
6. 2 hrs Building and Physical Premises Safety including the Storage and Handling of Bio Contaminants and Hazardous Materials (CCEI NV 102 Free)
7. 2 hrs Emergency Preparedness and Response Planning for Natural and Man-Made Events (CCEI NV 103 Free)
8. 2 hrs Medication Administration and the Prevention of and Response to Food and Other Allergies in the Child Care Environment (CCEI NV 106 Free)
9. 1 hr Prevention of Shaken Baby Syndrome and Abusive Head Trauma (CCEI NV 101 Free)
10. 3 hrs Child Development – Online (CCEI CHD 106 + 107 or CHD 106 + 108)
11. UNLV Requirement: RISK MANAGEMENT Bloodborne Pathogens – Online (https://rms.unlv.edu/occupational/training/online/)

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

- 3 trainings first month Date: _________to_________ / CPR/FA + R&R + SIDS
- 3 trainings second month Date: _________to_________ / H+W + Signs & Symp + CCEI NV 101
- 3 trainings third month Date: _________to_________ CCEI NV 102 + 103 + 106
- 2 trainings fourth month Date: _________to_________ CCEI CHD 106 + (107 OR 108)

*Nevada State Licensing requires 24 hrs of annual training. Our licensing year begins in November _____, ends in the following October ____. 2 hours of training are due by the first of the month after initial trainings are completed. Submit TRANSCRIPTS for potential eligible courses for credit toward the 24 hours.*