

Company Logo Here

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job related medical condition or physical impairment.

Answer all questions—complete form electronically or if hand written, please print:

Date of Application:		Social Security Number:		
Last Name		First Name	Middle Name	
Address Street and Number	City	State	Zip Code	Area Code/ Phone No.
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing State:	Type of License:	Expiration Date:
If yes, Driver's License Number:				
Position Applied For:			Salary Requirement:	

Type of Position Requested:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Days and Hours Available to Work: _____		
<input type="checkbox"/> Regular	<input type="checkbox"/> Temporary	Date Available to Start Work: _____		
Have you completed an application for employment with (Company Name) or the Southern Nevada Workforce Investment Board before?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate when and for what position:				
How did you learn about the position for which you are applying?				
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Job Search Agency	<input type="checkbox"/> E-mail
<input type="checkbox"/> Other: _____				
Do you have a relative working for (Company Name) or Nevada Job Connect? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide name:				

Employment Record

List all employers for whom you have worked or volunteer activities that you have participated in for a minimum of the last 10 years. Do not leave any gaps in employment. Include periods of self employment, unemployment, education, and military service (DD-214 must be attached). Add additional pages to accommodate employment records.

1. Present or Last Employer:	Address	City	State	Zip Code
From: Mo/Yr. To: Mo/Yr.	Supervisor's Name and Phone No.		Salary Rate:	
Job Title(s):	Duties:	Reason for Leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2. Past Employer:	Address	City	State	Zip Code
From: Mo/Yr. To: Mo/Yr.	Supervisor's Name and Phone No.		Salary Rate:	
Job Title(s):	Duties:	Reason for Leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

3. Past Employer:	Address	City	State	Zip Code
From: Mo/Yr. To: Mo/Yr.	Supervisor's Name and Phone No.		Salary Rate:	
Job Title(s):	Duties:	Reason for Leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Education

Name of Institution	City and State	Curriculum/Major	Degree/Diploma/Certification
High School:			
College/University:			
College/University:			
Trade/Vocational School:			
Business/Technical School:			

List any scholarships, academic honors, or special achievements: Professional licenses or certificates held, including State, license or certificate type. (Optional: Professional or business organizations):

Office Machine/Equipment Operation and Maintenance Skills

Indicate any office machine/equipment, computer software skills you have acquired through training and/or experience:

Typing Speed _____ WPM	Software Packages and proficiency level
Phone System:	
Computer Hardware (Model and Make):	
Calculator/10-key adding machine Other (Specify):	

Military Service

Branch of Service:	Discharge Date:
Period of duty:	Type of discharge:(Note: a less than honorable discharge will not automatically disqualify you from employment)
Describe your duties and training:	

List Professional, Trade, Business, or Civic Activities and Offices held:

Summary

Summarize other special skills and qualifications relating to the position for which you are applying:

Do you have the legal right to work in the United States? Yes No

Have you EVER been convicted of a misdemeanor, gross misdemeanor or felony? If yes, please attach a detailed explanation giving date(s), location(s), circumstance(s), and dollar amount of fine(s). Include any conditions of your parole and/or probation, if applicable. DUI, reduction of DUI, reckless and careless driving convictions must be included. A criminal conviction is not an automatic bar to employment and each individual case is considered on its own merits. Lack of requested information is basis for rejecting an application.

Yes No

Have you been known by any other name(s) that the Southern Nevada Workforce Investment Board may be required to verify for your education and employment records as submitted in this application? If yes, please indicate/identify such names(s):

Yes No

PLEASE BE SURE TO SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENT CAREFULLY.

APPLICANT'S STATEMENT

This application will be used for one position only. If you wish to apply for other positions with (*Company Name*), submit an application for each position. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be the entire examination process, your failure to provide complete information could delay or even disqualify you from consideration. It is your responsibility to notify Human Resources, in writing, or any changes in address or phone number.

I certify that the statements made by me on this application are, to the best of my knowledge, true, complete and correct. If employed, I understand that any misrepresentation or material omission of fact on this or any other document required by (*Company Name*) may be considered as constituting grounds for disqualification and/or dismissal. I further understand that any offer of employment is subject to a successful background investigation. Additionally, any individual offered employment may be required to demonstrate the ability to perform the physical requirements of the job. Having applied for employment with (*Company Name*), I do hereby agree and do give my consent that any person, firm or organization listed herein is authorized to furnish (*Company Name*) with personal or reference material concerning my character, past employment or any other information they may request. I further agree and hereby give my consent for (*Company Name*) to furnish any statistical data regarding this application that may be required for compliance with the Equal Employment Opportunity guidelines.

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this application form. The number will be used by (*Company Name*) to help verify your identity and information contained in this application.

Signature of Applicant

Date

Persons with disabilities may request an alternative format or make necessary arrangements through Human Resources.

**Phone (xxx) xxx-xxx • Fax (xxx) xxx-xxx • TTY/TDD access number
(xxx) xxx-xxx / Nevada Relay 711**

An Equal Opportunity Employer • Oportunidad de empleo con derechos iguales

