

151 S. 8th Street PO Box 787 Carlin, Nevada 89822 775-754-6354 775-754-6912 FAX www.cityofcarlin.com

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Name		Date	
Address		<u> </u>	
City		Zip Code	
Email address:			
Telephone(s) Home ()	Cell ()	Work ()
Position Applied for			
How did you hear about this position? ☐ Ad			
☐ Other (explain)			
If offered employment, when will you be availab	le to begin?		
What type of employment will you accept?	☐ Full-Time	☐ Part-Time	☐ Temporary
Will you be available for shift work?		Yes 🗆 No	
Will you be available to work weekends and/or h	olidays if necessary?	Yes □ No	
Have you been given a job description or had the you?			
Do you understand the job requirements?		Yes □ No	
Can you perform the essential functions of this jo accommodation?			
To qualify for employment, applicants must be at	t least 18 years of age unless	3	
otherwise specified in the job announcement. If of	offered employment, can yo	u □ Yes □ No	
Turnish proof of age?			
furnish proof of age? After an offer of employment, can you submit ve	rification of your legal right	to work	



Did you graduate from high scho	ool or receive a GED co	ertificate?	□ Yes □	No
		Hours	Diploma, Degree, or	
School Name Business/Technical/Vocational	Location	Earned	Certificate	Major Field of Study
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				
List current licenses, certification	required for the positions, or registrations requ	-	11 0	oplying. Indicate types, state licer
List current licenses, certification numbers, and expiration dates. Answer only if position requires	ns, or registrations requ	uired for the po	11 0	oplying. Indicate types, state licer
List current licenses, certification numbers, and expiration dates. Answer only if position requires Do you possess a valid driver's l	ns, or registrations requires.	uired for the po	osition for which you are ap	
List current licenses, certification numbers, and expiration dates. Answer only if position requires Do you possess a valid driver's l If so, license expires	ns, or registrations requires a sequence of the control of the con	uired for the po	esition for which you are ap	
List current licenses, certification numbers, and expiration dates. Answer only if position requires Do you possess a valid driver's l If so, license expires For positions that require typing:	ns, or registrations required. icense?	uired for the po	esition for which you are ap	
List current licenses, certification numbers, and expiration dates. Answer only if position requires Do you possess a valid driver's last so, license expires For positions that require typing. In addition to English, list any of	ns, or registrations requires. icense?	es □ No can type at a sp	Restrictions (if any)	
List current licenses, certification numbers, and expiration dates. Answer only if position requires Do you possess a valid driver's last so, license expires For positions that require typing. In addition to English, list any of Verbal fluency in	icense? Y Class I certify that I c	es No can type at a sp	Restrictions (if any)	
List current licenses, certification numbers, and expiration dates. Answer only if position requires Do you possess a valid driver's l If so, license expires For positions that require typing. In addition to English, list any of Verbal fluency in	ns, or registrations requires. icense?	es No can type at a sp	Restrictions (if any)	



OTHER INFORMATION		
Have you ever been disciplined in	your employment related to workplace violence?	☐ Yes ☐ No
If yes, please explain.		
Do you presently use illegal drugs	?	□ Yes □ No
Have you ever been employed by	[Employer]?	□ Yes □ No
If yes, please provide the following	g information:	
Department	Position Title	
Dates of Employment	Reason for Separation	
Are you related to anyone who is	currently employed by [Employer]?	□ Yes □ No
If yes, please provide the following	g information:	
Related person's name	Department	
Relationship		



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THIS SECTION IS TO BE COMPLETED ONLY IF YOU ARE APPLYING FOR A POSITION:

- AS A PEACE OFFICER OR FIREFIGHTER.
- WHICH HAS ACCESS TO THE NEVADA CRIMINAL JUSTICE INFORMATION SYSTEM OR THE NATIONAL CRIME INFORMATION CENTER.
- WHICH A STATE OR FEDERAL LAW REQUIRE CRIMINAL HISTORY INFORMATION

INFORMATION.
Have you ever been convicted of, pled guilty or nolo contendre to, or been granted deferred adjudication for a felony, misdemeanor (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?
Do you have any pending court charges that have not been adjudicated? ☐ Yes ☐ No
If you have answered yes to either question, list all such offenses and provide date, name of court, and disposition (if any). You may omit minor traffic violations for which you paid a fine of \$50 or less. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

FOR POSITIONS, OTHER THAN THOSE IDENTIFIED ABOVE:

- The criminal history of an applicant will only be considered after the final interview which is conducted in person or an offer of employment has been made, whichever occurs first.
- [*Employer*] may, before selecting an applicant as a finalist or extending a conditional offer, notify the applicant of any provisions of law that disqualify a person with a particular criminal history from employment in a particular position.
- A record of conviction will not necessarily bar the applicant from employment. Factors to be considered when looking at records of criminal history include:
 - Length of time passed since the offense;
 - Age of applicant at the time of the offense;
 - Severity and nature of the offense;
 - o Relationship of the offense to the position applying for; and
 - o Evidence of rehabilitation of the applicant.
- The following will not be considered:
 - Arrests which did not result in a conviction;
 - o Record of convictions that were dismissed, expunged, or sealed; and
 - Infractions or misdemeanors for which a sentence of imprisonment in a county jail was not imposed.



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EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

May we contact all employe	ers listed? (Attach a list of	any exceptions with an explanation.)	□ Yes □ No
Present Employer		Present Position	
Address		From (Mo/Yr)	To (Mo/Yr)
City		☐ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)
State	Zip Code		Salary
Supervisor's Name/Title Related Duties:		Telepho	one (<u>)</u>
Reason for Leaving:		D. W.	
			T. 01 (1)
City		☐ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)
State	Zip Code		Salary
Supervisor's Name/Title Related Duties:		Telepho	one ()
Reason for Leaving:			



Employer		Position	
Address		From (Mo/Yr)	To (Mo/Yr)
City		☐ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)
State	Zip Code		Salary
Supervisor's Name/Title Related Duties:		Teleph	one (<u>)</u>
Reason for Leaving:			
Employer		Position	
Address		From (Mo/Yr)	To (Mo/Yr)
		<u> </u>	☐ Part-Time (<30 hrs/wk)
State			Salary
Supervisor's Name/Title Related Duties:	<u> </u>	Teleph	one ()
Reason for Leaving:			
Employer		Position	
Address		From (Mo/Yr)	To (Mo/Yr)
City		□ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)
State	Zip Code		Salary
Supervisor's Name/Title Related Duties:	·	Teleph	one ()
Reason for Leaving:			



Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.						



A	CKN	OWI	LEDGN	JEN	TS
$\boldsymbol{\Box}$					

Signature	e of Applicant	Date
Additionally	ly, my signature below certifies that the information	provided is true and correct to the best of my knowledge.
	states preference must be given, if qualification	s by voluntarily attaching a copy of my DD214. NRS 281.060(2) s of applicants are equal: a) first, to a honorably discharged military of Nevada; and b) second, to other citizens of Nevada.
	facts herein may cause forfeiture on my part of misrepresentation, falsification, or material omi I have been hired, in my dismissal from employ this document nor any offer of employment from contract document to that effect is executed. I a examination upon conditional offer of employment information from the drug screening or the physical desired in the contract of the property of the physical desired in the contract of the physical desired in the physical desired	application are true. I understand that any false statement of material all rights to any employment with [<i>Employer</i>]. I understand that any ssion of information may result in my failure to receive an offer, or if ment regardless of length of employment. I understand that neither in [<i>Employer</i>] constitutes an employment contract unless a specific agree to undergo any job-related drug screening and physical ment. I understand that [<i>Employer</i>] is not requesting genetic sical examination and that the person administering the examination ployer]. I further understand and agree that this paragraph applies to its part of this application.
		ing the entire course of my employment with [<i>Employer</i>] should I ee this consent shall remain in affect indefinitely.
	[<i>Employer</i>], I authorize anyone possessing info organizations and all individuals providing the all claims, liability, and damages whatsoever cl	my employment application, and/or any continued employment with rmation to furnish it to [<i>Employer</i>] upon request, and I release the information or acquiring the information, including [<i>Employer</i>], from aimed to be related to furnishing, obtaining, or using said information. ims for defamation, libel, slander, infliction of emotional distress, and nic relations.
	I authorize [<i>Employer</i>] to contact any employer my previous employment, military service, crin other relevant qualifications for employment an [<i>Employer</i>] to conduct a background search wh position for which I am applying requires drivin Vehicles (DMV) search. If the position for which having diminished capacity to care for themselves	and will become part of my personnel file if I am hired. To rindividual to obtain from them any relevant information regarding minal history, characteristics or traits necessary for job performance, or d/or continued employment with [<i>Employer</i>]. In addition, I authorize ich includes criminal history and military history. In addition, if the mg a vehicle, I authorize [<i>Employer</i>] to conduct a Department of Motorich I am applying involves contact with minors or with any persons was, a search of government sex offender registries may be conducted. Institution and/or licensing authority to verify my possession of ay qualify me for employment.
	will be made in writing. Verbal statements may	y not be relied upon.
	ents. If you have any questions, contact	EACH of the lines to indicate you have read and understand each of, (Human Resources Department). egarding compensation and other terms and conditions of employment