

APPLICATION FOR EMPLOYMENT



CITY OF SPARKS, NEVADA

HUMAN RESOURCES, CITY HALL, 431 PRATER WAY, SPARKS, NV 89431
JOB HOTLINE (775)353-2444 PHONE (775)353-2345 TDD (775)353-2350 FAX (775)353-1651

AN EQUAL OPPORTUNITY EMPLOYER

TITLE OF JOB ANNOUNCEMENT: _____

Social Security # _____ -- _____ -- _____ Do You Possess A Valid Driver's License? Yes No _____ State _____ Class _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Number and Street (or P. O. Box) _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Message / Cell Phone Number _____ Work Phone Number _____

GENERAL INFORMATION:

Are you eligible to be employed in the U.S.A.? Yes No Proof of employment eligibility will be required prior to employment.

Are you related to any City of Sparks employee? Yes No If yes, list the employee's name and department they work in and relationship to you.

Name of Employee: _____ Department: _____ Relationship: _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Yes No (Include drunk, reckless, hit-run, and military convictions) If yes, give date(s) and explain. An affirmative answer to this question may not necessarily disqualify you from consideration for employment. Each circumstance and explanation will be weighed/considered in relationship to the position for which you are applying.

APPLICATION SHARING: Applications are occasionally shared with other public agencies. Do you wish to have your application shared with other public agencies? Yes No

EDUCATION: Did you graduate from high school or have you passed a G.E.D. Test? Yes No
Circle the last grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

If a college degree is a requirement for this position, you must provide the City with a certified transcript within 90 days of hire.

BILINGUAL: Are you fluent in any other languages? Yes No Which ones? _____

NAME AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED	MAJOR SUBJECT OR COURSE	SEMESTER CREDITS COMPLETED	DEGREES OR CERTIFICATES RECEIVED

List any other specific job related knowledge, skills, abilities, professional licenses or certificates, training or experience **that qualifies you for the position** for which you are applying. This can include volunteer experience gained other than at paid employment, military, etc. Include typing speed, types of machinery you can operate (bulldozer, lawn mower, etc.), office equipment, computer experience, dictation **and number of years in each.**

NOTE: A RESUME MAY BE SUBMITTED IN ADDITION TO, **BUT NOT IN PLACE OF**, COMPLETION OF ANY PORTION OF THE APPLICATION. FAILURE TO COMPLETE THE APPLICATION IS BASIS FOR DISQUALIFICATION.

PLEASE READ THESE INSTRUCTIONS COMPLETELY

EMPLOYMENT HISTORY: List all employment within the last ten years, **BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORKING BACKWARDS.** List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, experience gained over ten years ago, etc.) **RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the City is seeking.

MAY WE CONTACT YOUR PRESENT EMPLOYER? NO _____ YES _____

Employer Name _____ Hours per Week _____ Title: _____
Address _____ Ending Salary \$ _____ Duties: _____
City _____ State _____ Zip Code _____ EMPLOYMENT DATES _____
Phone # _____ TO _____
Supervisor's Name _____ Length of Time: _____ Reason for Leaving: _____

Employer Name _____ Hours per Week _____ Title: _____
Address _____ Ending Salary \$ _____ Duties: _____
City _____ State _____ Zip Code _____ EMPLOYMENT DATES _____
Phone # _____ TO _____
Supervisor's Name _____ Length of Time: _____ Reason for Leaving: _____

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City _____ State _____ Zip Code _____ EMPLOYMENT DATES _____
Phone # _____ TO _____
Supervisor's Name _____ Length of Time: _____ Reason for Leaving: _____

Employer Name _____ Hours per Week _____ Title: _____
Address _____ Ending Salary \$ _____ Duties: _____
City _____ State _____ Zip Code _____ EMPLOYMENT DATES _____
Phone # _____ TO _____
Supervisor's Name _____ Length of Time: _____ Reason for Leaving: _____

List three business references who have direct knowledge and experience of your work skills: (Name/Title/Address/Phone)

1. _____ 2. _____ 3. _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION FORM

CERTIFICATE OF APPLICANT: I hereby certify that all statements made in this application are true, and I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with the City of Sparks. I authorize the City of Sparks to obtain information relating to my previous employment, education, criminal or personal history records and, in the case of a bonafide occupational requirement, medical records. I agree to release the City of Sparks, its agents and employees from liability for the obtaining and use of information obtained from these sources or developed as a result of contacting these sources. I hereby release all employers, schools, or persons from all liability in responding to inquiries in connection with my application. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer or, if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from the City of Sparks constitutes an employment contract unless a specific document to that effect is executed between the City of Sparks and myself in writing. I further understand that, to be considered for employment with the City of Sparks, I must submit to a controlled substance screening after a contingent offer of employment has been made. I hereby consent to such testing and authorize the disclosure of the result thereof to the City of Sparks.

Signature of Applicant

Date

03/07 WWW

APPLICANT TRACKING FORM

To further our commitment to Equal Employment Opportunity, we request your cooperation in voluntarily providing the following information which is essential to the success of our program. **The information will be detached from the application and used by Human Resources for research and statistical purposes only.** Federal and state laws prohibit discrimination in employment on the basis of race, color, religion, sex or national origin, age or disability.

- White:** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black:** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, (for example China, India, Japan, and Korea).
- Pacific Islander:** All persons having origins in any of the original peoples of the Hawaiian Islands or the Pacific Islands (for example, Hawaii, the Philippine Islands, and Samoa).
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or More Races:** All person having origins from more than one of the above categories.

Age: Are you over the age of 18? Yes No

How did you become aware of this employment opportunity? (Please Check One)

City Hotline City Employee Friend

Saw Announcement Posted: Where posted?

Newspaper/Publication: Indicate which _____

Other: _____

APPLICANT NAME

POSITION APPLYING FOR

Date

CITY OF SPARKS
EMPLOYMENT APPLICATION RECEIPT
431 Prater Way, SPARKS, NV 89431

Please complete the top two lines of this section.

This verifies that the application of:

(PRINT) LAST NAME FIRST NAME M.I.

For the position of: _____
TITLE OF POSITION

Has been received by the human resources division.

Received by: _____
Human Resources Staff Signature

DO NOT DETACH

**A HUMAN RESOURCES
REPRESENTATIVE WILL
SIGN, DATE, AND RETURN
THIS RECEIPT**