

EMPLOYMENT APPLICATION

Nevada State Assembly
401 South Carson Street
Carson City, NV 89701-4747
(775) 684-8555
assembly@asm.state.nv.us
An Equal Opportunity Employer

INSTRUCTIONS

1. **Read the job announcement carefully before applying.** Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements.
2. Do not substitute a résumé or another application form for this application. Résumés may be attached only for additional information and not in place of this application. Completion of the last page of the Employment Application titled “Employment Questionnaire” is VOLUNTARY. However, **the Assembly’s multipage Supplemental Employment Questionnaire must be submitted with your application.**
3. Please complete one application and list all positions for which you are applying. Photocopies are acceptable, but an original signature is required. If the application is submitted electronically, you must mail the original signature page to the address shown in the job posting.
4. Provide specific and complete information in the Employment History section. Additional sheets may be attached. The information will be used to determine whether you meet the minimum qualifications for the position(s) and will be admitted to take the exam.
 - a. List your present or most recent experience first. Include all job-related volunteer and/or unpaid experience.
 - b. List each job separately, including promotions, even if it was within the same organization.
 - c. If you attach additional information sheet(s), include all of the information requested on the application, e.g., dates worked, hours worked per week.
 - d. If the hours worked per week vary, please state the average per week.
 - e. List the most important and/or time consuming activities first.
 - f. Sign and date your application and send it, along with the multipage Supplemental Employment Questionnaire, to the Nevada State Assembly. The Assembly will accept applications submitted via email (assembly@asm.state.nv.us), United States mail, or personal delivery to the address shown in the job posting.
5. Retain a copy of the application for your records. The Nevada Assembly cannot supply copies.
6. Submit the application as directed on the job announcement.
7. Your application and **all** attachments become the property of the Nevada State Assembly and cannot be returned. Please submit work samples and letters of recommendation with the application.
8. Applications may be returned or rejected if they are incomplete.
9. Attach any additional pertinent information on a separate page.



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APPLICANT INFORMATION

JOB TITLE(S) FOR WHICH YOU ARE APPLYING: _____
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
EMAIL ADDRESS: _____ MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

MEMBER OF: Sheriff's Department Search and Rescue Yes No
Reserve Unit of Civil Air Patrol Yes No (Disclosure required by NRS 414.250)

WHERE DID YOU LEARN ABOUT THIS POSITION? _____

CRIMINAL CONVICTION: Have you ever been convicted of:

1. A misdemeanor, gross misdemeanor, or felony (excluding juvenile adjudication)? Yes No
2. A moving traffic violation within the last five years? Yes No

If yes, please ATTACH A STATEMENT describing the circumstances and provide the date, time, and location of each violation or offense along with the dollar amount of any fine. Include any conditions of your parole and/or probation, if applicable. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. FAILURE TO PROVIDE THE INFORMATION REQUESTED IS BASIS FOR REJECTION OF AN APPLICATION.

SPECIAL SKILLS/LICENSES

Professional License/Certification/Registration (Examples: doctors, lawyers, CPAs, teachers)

TITLE: _____ NO. _____ CURRENTLY ACTIVE Yes No

ISSUING BOARD AND STATE: _____

TITLE: _____ NO. _____

ISSUING BOARD AND STATE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ DATE EXPIRES: _____

SOFTWARE APPLICATIONS: Word Outlook Excel PowerPoint Other _____

IN ADDITION TO ENGLISH, I POSSESS VERBAL WRITTEN FLUENCY IN _____

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED: _____ DID YOU GRADUATE? Yes No

NAME OF HIGH SCHOOL: _____

LOCATION: _____

HIGH SCHOOL EQUIVALENT COMPLETED: GED USAF OTHER: _____

COLLEGE OR UNIVERSITY

SCHOOL NAME: _____ **TELEPHONE:** _____

LOCATION: _____

DATES ATTENDED: FROM _____ **TO** _____ **CREDITS COMPLETED:** _____

DEGREE RECEIVED: Yes No **MAJOR/MINOR** _____

SCHOOL NAME: _____ **TELEPHONE:** _____

LOCATION: _____

DATES ATTENDED: FROM _____ **TO** _____ **CREDITS COMPLETED:** _____

DEGREE RECEIVED: Yes No **MAJOR/MINOR** _____

BUSINESS, TECHNICAL, OR VOCATIONAL SCHOOL(S)

SCHOOL NAME: _____ **TELEPHONE:** _____

LOCATION: _____

PROGRAM TITLE OR SUBJECTS TAKEN: _____

DATES ATTENDED: FROM _____ **TO** _____ **PERCENT PROGRAM COMPLETED:** _____

CERTIFICATE RECEIVED: _____

SCHOOL NAME: _____ **TELEPHONE:** _____

LOCATION: _____

PROGRAM TITLE OR SUBJECTS TAKEN: _____

DATES ATTENDED: FROM _____ **TO** _____ **PERCENT PROGRAM COMPLETED:** _____

CERTIFICATE RECEIVED: _____

EMPLOYMENT HISTORY

NAME OF CURRENT OR LAST EMPLOYER: _____

COMPLETE ADDRESS: _____

TELEPHONE: _____ **DATES EMPLOYED:** _____ **TO** _____

TITLE: _____ **LAST SUPERVISOR:** _____

SALARY: _____ **PER** _____ **HOURS/WEEK:** _____

MAJOR RESPONSIBILITIES: _____

NUMBER AND TITLES OF STAFF YOU SUPERVISED: _____

EQUIPMENT USED: _____

REASON FOR LEAVING: _____

CONTACT YOUR EMPLOYER: Yes No

NAME OF PREVIOUS EMPLOYER: _____

COMPLETE ADDRESS: _____

TELEPHONE: _____ **DATES EMPLOYED:** _____ **TO** _____

TITLE: _____ **LAST SUPERVISOR:** _____

SALARY: _____ **PER** _____ **HOURS/WEEK:** _____

MAJOR RESPONSIBILITIES: _____

NUMBER AND TITLES OF STAFF YOU SUPERVISED: _____

EQUIPMENT USED: _____

REASON FOR LEAVING: _____

CONTACT YOUR EMPLOYER: Yes No

NAME OF PREVIOUS EMPLOYER: _____
COMPLETE ADDRESS: _____
TELEPHONE: _____ **DATES EMPLOYED:** _____ **TO** _____
TITLE: _____ **LAST SUPERVISOR:** _____
SALARY: _____ **PER** _____ **HOURS/WEEK:** _____
MAJOR RESPONSIBILITIES: _____
NUMBER AND TITLES OF STAFF YOU SUPERVISED: _____
EQUIPMENT USED: _____
REASON FOR LEAVING: _____
CONTACT YOUR EMPLOYER: Yes No

IF YOU HAVE ADDITIONAL PREVIOUS EMPLOYERS, PLEASE ATTACH A SEPARATE SHEET.

REFERENCES

NAME OF REFERENCE: _____ **RELATIONSHIP:** _____
COMPLETE ADDRESS: _____
TELEPHONE NUMBER: _____ **REFERENCE TYPE:** PERSONAL BUSINESS

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COMPLETE ADDRESS: _____
TELEPHONE NUMBER: _____ **REFERENCE TYPE:** PERSONAL BUSINESS

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COMPLETE ADDRESS: _____
TELEPHONE NUMBER: _____ **REFERENCE TYPE:** PERSONAL BUSINESS

SESSION EMPLOYMENT

I AM SUBMITTING APPLICATIONS FOR SESSION EMPLOYMENT IN THE: ASSEMBLY SENATE BOTH
PLEASE NOTE that persons interested in applying for work in both the Assembly and the Senate must submit separate applications to each house, one on the Assembly Employment Application form and another on the employment application form used by the Senate. Recruitment dates for the two houses may differ.

SIGNATURE

I declare under penalty of perjury that all information and statements in this application are true, accurate, and complete to the best of my knowledge. I understand that intentionally providing false, inaccurate, or incomplete information or statements is cause for immediate termination of employment.

At the time of application, I attest that I have the legal right to reside and work in this country (proof required upon employment).

In connection with this application, I authorize the Nevada State Assembly and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the Nevada State Assembly, and I authorize the release of any such information including, but not limited to, any criminal conviction on my record.

I hereby release the Nevada State Assembly and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person or entity.

SIGNATURE: _____ **DATE:** _____

VOLUNTARY EMPLOYMENT QUESTIONNAIRE

The following information will be used by the Nevada State Assembly for research and statistical purposes only. Federal and state laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, national origin, handicap, or age. **Your participation is voluntary and is greatly appreciated should you choose to do so.** This information will be kept separate and confidential and will not be used to make any employment decision.

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have? **(It is not necessary that you describe or identify the disability.)** Yes No

If yes, please describe the type of accommodation required: _____

CHOOSE ONE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY

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.)*

Black. *(Not of Hispanic origin. All persons having origins in any of the Black racial groups.)*

Asian/Pacific Islander. *(All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)*

Hispanic. *(All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)*

White. *(Not of Hispanic origin. All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)*

Year of birth: _____

Gender: Male Female