



CITY OF NEVADA APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please type or print; do not use pencil.

Position(s) Applied For	Date of Application
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How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	

Last Name	First Name	Middle Name

Address	City	State/Zip

Telephone Number	Alternate Number(s)	Social Security Number

Best time to contact you at home	_____ : _____ am/pm
If you are under 18 years of age, do you have proof of your eligibility to work	___ Yes ___ No
Have you ever filed an application with the City of Nevada before	___ Yes ___ No
If so, give date: _____	
Have you ever been employed with us before	___ Yes ___ No
If so, give date: _____	
Do any of your friends or relatives, other than spouse work here?	___ Yes ___ No
Please list: _____	
Are you currently employed?	___ Yes ___ No
May we contact your present employer?	___ Yes ___ No
Are you prevented from lawfully becoming employed in this country because Visa or Immigration Status	
Proof of citizen ship or immigration status will be required upon employment	___ Yes ___ No
Date available to begin work _____/_____/_____	What is your desired salary range? _____/hour
Are you available for work:	
<input type="checkbox"/> Full-Time	
<input type="checkbox"/> Part-Time - Please indicate Mornings Afternoons Evenings	
<input type="checkbox"/> Temporary - Please indicate dates available _____	
Are you currently on "lay-off" status and subject to recall?	___ Yes ___ No
Can you travel if a job requires it?	___ Yes ___ No
Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? _____	If yes, please explaining. _____

Veteran's Preference	
Are you a U.S. Veteran?	___ Yes ___ No
Dates of active duty – From _____ to _____	Month/Day/Year
Are you a member of the reserves or national guard?	___ Yes ___ No
Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD214) which includes dates of active duty!	

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

ADDITIONAL INFORMATION

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills – (List skills/equipment operated).

State any additional information that you feel should be used when considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____