

CONFIDENTIAL
Restricted to Administrative
Personnel Only

Online

APPLICATION FOR EMPLOYMENT

(Please Print or Type)

Position Applying for: _____

PERSONAL INFORMATION:

Name: _____
(Last) (First) (Middle)

Street Address: _____
(City) (State) (Zip)

Mailing Address: _____
(if different from above) (City) (State) (Zip)

Home phone: _____ **Cell phone:** _____

Email address: _____

EDUCATION/TRAINING:

<u>School</u>	<u>Name and Address</u>	<u>No. of Years Completed</u>	<u>Did You Graduate</u>	<u>Degree/Diploma</u>
High School			Yes / No	
College/University			Yes / No	
Vocational/Business			Yes / No	

Skills: (List any technical skills and certifications you may have and any equipment you can operate)

WORK EXPERIENCE: (Please begin with the most recent)

Firm Name: _____

Phone: _____

Address: _____

(P.O. Box /Street)

(City)

(State)

(Zip)

Period of Service: From: _____ To: _____

Supervisor: _____

Reason for Leaving: _____

Position: _____

Describe Duties: _____

Firm Name: _____

Phone: _____

Address: _____

(P.O. Box /Street)

(City)

(State)

(Zip)

Period of Service: From: _____ To: _____

Supervisor: _____

Reason for Leaving: _____

Position: _____

Describe Duties: _____

Firm Name: _____

Phone: _____

Address: _____

(P.O. Box /Street)

(City)

(State)

(Zip)

Period of Service: From: _____ To: _____

Supervisor: _____

Reason for Leaving: _____

Position: _____

Describe Duties: _____

MISCELLANEOUS:

Date you can start work: _____

In order to comply with the Immigration Reform and Control Act, all offers of employment are contingent upon submission of proof of identity and work eligibility within three days of hire or upon submission of a receipt showing application for the appropriate document within three days of hire and the required document itself within 21 days. *(The date of hire means either when an individual accepts the offer of employment or actually begins work.)*

Have you a valid Nevada Driver's License? Yes / No

Have you a valid Nevada CDL? Yes / No

List License Number and expiration date: _____

Have you ever had your driver's license revoked or suspended? Yes / No; If so, provide details:

Do you have reliable means of transportation? Yes / No

You will be required to successfully complete a physical examination and drug screen prior to commencing work. (Please review the job duties of the position for which you apply)

Are you able to perform without restriction the duties of the job for which you are applying? Yes / No

If no, what can be done to accommodate your limitations?

Have you ever been convicted of a felony? If so, please give details. (*Conviction will not necessarily disqualify an applicant from employment*).

A person employed is subject to verification that they meet the legal age requirement. If hired, can you show proof of age? Yes / No

List ***job related*** organizations, clubs, professional societies or associations to which you belong. (You may omit those which indicate your race, religion, creed, color, national origin, ancestry, sex, or age.)

All new employees serve a one (1) year probationary period, during which time supervisors evaluate on the job performance. If the work is not performed to satisfactory conditions, discharge may occur at any time within the probationary period. Please initial:

REFERENCES:

How were you referred for a position here?

Please list persons willing to provide professional and/or character references. (Do not list relatives or former employers).

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Years Known</u>

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, certifications, supervisory experience, etc.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I authorize checking of my references, except for:

It is further understood that, upon hire, I will be required to furnish additional information as requested by the Minden Gardnerville Sanitation District.

Applicant's Signature: _____

Date: _____