

105 S. A Street Hawthorne, NV 89415 775-945-3676



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

If you believe	e you requir	re an accom	modation during	the selection p	rocess, please contact us	to make ap	propriate arrangements.			
Name	JameDate									
Address										
						ode				
Email address:										
						Vork ()			
Position Applied	for									
					alk-In 🛮 Referral (by					
☐ Other (explain)										
If offered employme										
What type of emplo	yment will	l you accep	pt?	□ Full-Ti	me □ Part-Tin	ne	☐ Temporary			
Will you be availab	le for shift	work?			□ Yes	□No				
Have you been give	n a job des	scription or	r had the requir	rements of the	□ Yes job explained to □ Yes					
Can you perform the accommodation? To qualify for emplotherwise specified furnish proof of age	e essential oyment, ap in the job a	pplicants mannouncen	of this job with	n or without rea	Yes e unless can you □ Yes	□ No				
	?				al right to work □ Yes					
				OUCATION 1						
Did you graduate from	om high sc	chool or re	ceive a GED ce	ertificate?	□ Yes	□ No				
	lame				Diploma, Degree, or Certificate		Major Field of Study			
1	Vocationa	.1								
2.										
College/University (Undergraduate) 1.										
2.										
Graduate School										

LICENSES (Optional, unless required for the position for which you are now applying.) List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates. Answer only if position requires. Do you possess a valid driver's license? ☐ Yes ☐ No Class Restrictions (if any) If so, license expires For positions that require typing: I certify that I can type at a speed of In addition to English, list any other language abilities you possess. Verbal fluency in Written fluency in List any special skills you possess and/or equipment or office machines you can operate. **OTHER INFORMATION** Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction? .. \Box Yes \Box No Do you have any pending court charges that have not been adjudicated?...... 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. Have you ever been disciplined in your employment related to workplace violence?..... ☐ Yes ☐ No If yes, please explain. Do you presently use illegal drugs? \square Yes \square No Have you ever been employed by [Mineral County]?..... ☐ Yes ☐ No If yes, please provide the following information: Department Position Title Dates of Employment Reason for Separation Are you related to anyone who is currently employed by [Mineral County]? □ Yes □ No If yes, please provide the following information: Related person's name Department ____ Relationship

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 employers	listed? (Attach a list of a	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				
Supervisor's Name/Title		Telephone ()			
Related Duties:					
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				
Supervisor's Name/Title Related Duties:		Telephone ()			
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				
Supervisor's Name/Title Related Duties:		Telep	hone ()		
Reason for Leaving:					

Employer			Position	
Address			n (Mo/Yr)	To (Mo/Yr)
City		□ Full	-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)
State	Zip Code			
Supervisor's Name/Title Related Duties:				one ()
Reason for Leaving:				
Employer			Position	
		_		To (Mo/Yr)
			-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)
State				
Supervisor's Name/Title Related Duties:			Telepho	one (<u>)</u>
Reason for Leaving:				
Please state below any other	er information that woul	d be helpful in determining	ng your qualifications	for this position.
You may include significa in this employment applica		vious career highlights, o	r any other relevant in	formation that is not requested

ACKNOWLEDGMENTS



USDA Non-Discrimination Statement

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint-filing-cust.html, or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW Washington, D.C. 20250-9410, or by fax to (202) 690-7442 or email at program.intake@usda.gov