

## *workforce* CONNECTIONS APPLICATION FOR EMPLOYMENT

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**Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job related medical condition or physical impairment.**

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Answer all questions—please print:      Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name		First Name		Middle Name:	
Address Street and Number		City	State	Zip Code	Area Code and Phone No:
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, indicate type of license, issuing State and expiration date.		
Position Applied For:				Salary Requirement	
Type of Position Requested:					
Check: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time   Days and Hours Available to Work: _____					
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary      Date Available to Start Work: _____					
Have you completed an application for employment with the <i>workforce</i> CONNECTIONS or Nevada JobConnect before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, indicate when and for what position: _____					
How did you learn about the position for which you are applying?					
Do you have relative working for the <i>workforce</i> CONNECTIONS or Nevada JobConnect? If yes, please indicate:					
Name: _____					

List all employers for whom you have worked or volunteer activities that you have participated in for a minimum of 10 years. Do not leave any gaps in employment. Include periods of self-employment unemployment, education, and military service (DD-214 must be attached). Add additional pages to accommodate employment records.

<b>1. Present or Last Employer:</b>	<b>Address:</b>	<b>City</b>	<b>State:</b>	<b>Zip Code:</b>
<b>From: Mo/Yr. To: Mo/Yr.</b>	<b>Supervisor's Name and Ph. No.</b>		<b>Salary Rate:</b>	
<b>Job Title(s):</b> _____		<b>Reason for Leaving:</b>		
<b>Duties:</b>				
<b>May we contact this employer for reference?</b>				
<b>2. Present or Last Employer:</b>	<b>Address:</b>	<b>City</b>	<b>State:</b>	<b>Zip Code:</b>
<b>From: Mo/Yr. To: Mo/Yr.</b>	<b>Supervisor's Name and Ph. No.</b>		<b>Salary Rate:</b>	
<b>Job Title(s):</b> _____		<b>Reason for Leaving:</b>		
<b>Duties:</b>				
<b>May we contact this employer for reference?</b>				
<b>3. Present or Last Employer:</b>	<b>Address:</b>	<b>City</b>	<b>State:</b>	<b>Zip Code:</b>
<b>From: Mo/Yr. To: Mo/Yr.</b>	<b>Supervisor's Name and Ph. No.</b>		<b>Salary Rate:</b>	
<b>Job Title(s):</b> _____		<b>Reason for Leaving:</b>		
<b>Duties:</b>				
<b>May we contact this employer for reference?</b>				

## Education

Name of Institution	City and State	Curriculum/Major	Degree/Diploma/Certification
High School:			
College/University:			
College/University:			
Trade/Vocational School:			
Business/Technical School:			

List any scholarships, academic honors, or special achievements: Professional licenses or certificates held, including State, license or certificate type. (Optional: Professional or business organizations):

## Office Machine/Equipment Operation and Maintenance Skills

Indicate any office machine/equipment, computer software skills you have acquired through training and/or experience:

Typing Speed \_\_\_\_\_ WPM
  Software Packages (list any that you are proficient in) \_\_\_\_\_

Speedwriting/Shorthand/Fast Notes \_\_\_\_\_ WPM

Phone System: \_\_\_\_\_

Computer Hardware (Model and Make): \_\_\_\_\_

Calculator/10-key adding machine
  Other (Specify): \_\_\_\_\_

## Military Service

Branch of Service: _____	Discharge Date: _____
Period of Duty: _____	Type of Discharge: _____ (Note: A less than honorable discharge will not automatically disqualify you from employment)
Describe your duties and training:	
_____	
_____	


**Summary**

<p>Summarize other special skills and qualification relating to the position for which you are applying: _____</p> <p>_____</p> <p>_____</p>
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<p><b>Do you have the legal right to work in the United States?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Have you EVER been convicted of a misdemeanor, gross misdemeanor or felony? If yes, please attach a detailed explanation giving date(s), location(s), circumstance(s), and dollar amount of fine(s). Include any conditions of your parole and/or probation, if applicable. DUI, reduction of DUI, reckless and careless driving convictions must be included. A criminal conviction is not an automatic bar to employment and each individual case is considered on its own merits. Lack of requested information is basis for rejecting an application.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Have you been known by any other name(s) that the <i>workforce</i> CONNECTIONS may be required to verify for your education and employment records as submitted in this application? If yes, please indicate/identify name(s):</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be sure to sign this application and read the following statements carefully.

**APPLICANT'S STATEMENT**

This application will be used for one position only. If you wish to apply for other positions with the *workforce* CONNECTIONS, submit an application for each position. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be the entire examination process, your failure to provide complete information could delay or even disqualify you from consideration. It is your responsibility to notify Human Resources, in writing, of any changes in address or phone number.

I certify that the statements made by me on this application are, to the best of my knowledge, true, complete and correct. If employed, I understand that any misrepresentation or material omission of fact on this or any other document required by the *workforce* CONNECTIONS may be considered as constituting grounds for disqualification and/or dismissal. I further understand that any offer of employment is subject to a background investigation. Additionally, any individual offered employment may be required to demonstrate the ability to perform the physical requirements of the job. Having applied for employment with the *workforce* CONNECTIONS, I do hereby agree and do give my consent that any person, firm or organization listed hereon is authorized to furnish the *workforce* CONNECTIONS with personal or reference material concerning my character, past employment or any other information they so request. I further agree and hereby give my consent for the *workforce* CONNECTIONS to furnish any statistical data regarding this application that may be required for compliance with the Equal Employment Opportunity guidelines.

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this application form. The number will be used by the *workforce* CONNECTIONS to help verify your identity and information contained on the application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

