

Northern Nevada Center for Independent Living

999 Pyramid Way
Sparks, NV 89431
353-3599 (V/TTY)
353-3588 (FAX)
1 (800) 552-5588



APPLICATION FOR EMPLOYMENT

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

NNCIL is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment due to race, color, religion, sex, age, national origin, veteran's status or disability. ANY APPLICANT WILL BE IMMEDIATELY REJECTED FOR EMPLOYMENT OR, IF HIRED, TERMINATED WITHOUT NOTICE FOR GIVING FALSE INFORMATION IN THIS APPLICATION FOR FAILING TO ACCURATELY PROVIDE INFORMATION REQUESTED. IF HIRED, EMPLOYMENT IS FOR NO FIXED TERM AND THE COMPANY OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME.

GENERAL INFORMATION:

1. Full Name _____ Telephone # _____

List all other names you have worked under or are known by:

2. Address _____ City _____ State _____ Zip _____

Mailing address, if different _____

3. For what position are you applying? _____

4. Are you computer skilled? Yes No List computer programs with which you are familiar. _____

5. Do you have reliable transportation to get to work? Yes No

6. Do you have a valid Nevada driver's license? Yes No

7. Have you been convicted of a moving traffic violation within the last 5 years? Yes No

8. Have you ever been convicted of a misdemeanor, gross misdemeanor or felony? Yes No

If yes, please provide statement below :

9. Education

School	Name of School	Graduated? Yes or No	Major/Minor Courses	Degree
<input type="checkbox"/> High School				
<input type="checkbox"/> College				
<input type="checkbox"/> Graduate Work				
<input type="checkbox"/> Trade or Business				

10. Employment History:

MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION.

Give last six employers in chronological order. Do not make any omissions.

1. Name of Employer _____ Telephone # _____

Address _____

Name of immediate supervisor _____

From: _____ To: _____ Position: _____ Pay: \$ _____

Job Duties: _____

Reason for leaving: _____

2. Name of Employer _____ Telephone # _____

Address _____

Name of immediate supervisor _____

From: _____ To: _____ Position: _____ Pay: \$ _____

Job Duties: _____

Reason for leaving: _____

3. Name of Employer _____ Telephone # _____

Address _____

Name of immediate supervisor _____

From: _____ To: _____ Position: _____ Pay: \$ _____

Job Duties: _____

Reason for leaving: _____

4. Name of Employer _____ Telephone # _____

Address _____

Name of immediate supervisor _____

From: _____ To: _____ Position: _____ Pay: \$ _____

Job Duties: _____

Reason for leaving: _____

5. Name of Employer _____ Telephone # _____

Address _____

Name of immediate supervisor _____

From: _____ To: _____ Position: _____ Pay: \$ _____

Job Duties: _____

Reason for leaving: _____

11. Please List Three (3) Professional References.

Name	Address	Phone Number	Connection to You?
1.			
2.			
3.			

12. What prompted your application? Employment Agency Own Accord
 Advertisement Employee Referral Other _____
 Name of employee who referred you _____

AFFIDAVIT – PLEASE READ CAREFULLY

To the best of my knowledge, I have truthfully disclosed all information asked for in this application.

I authorize contact with any person or entity named in this application and any other person or entity that may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

Since all employees are hired for an indefinite and unspecified duration, none of these classifications guarantees employment for any specific length of time. Employment is at the mutual consent of the employee and the company. Accordingly, either the employee or the company can terminate the employment relationship at will, at any time, with or without cause or advance notice. Furthermore, no employee or representative of the company, other than the Executive Director, has any power or legal authority to alter the nature of the relationship only if he expressly does so in a written agreement that is signed both by the Executive Director and the employee involved. This represents an integrated agreement with respect to the at-will nature of the employment relationship.

Applicant Signature _____ Date _____

Received By _____ Date _____
 (Signature of employer representative)

FOR INTERVIEWER USE ONLY

Interviewed: Date & Time: _____

Interviewer(s) _____

Applicant advised of employment contingent on available funding? Yes No

Employment Offered? Yes No **Offer Conditioned?** Yes No

Offer accepted? Yes No **If offer conditioned, describe:** _____

If no offer made, state lawful reason: _____

Job classification _____

If hired, emergency contact is: **Name** _____

Address: _____ **Telephone:** _____

Starting pay: \$ _____ per _____.