

## APPLICATION | Employment

PLEASE NOTE: Applications not filled out completely will not be considered.

Northern Nevada HOPES is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, sexual orientation, veteran's status, disability, or any other characteristic protected under state or federal law. Any applicant will be immediately rejected for employment, or, if hired, terminated without notice for giving false information in this application or for failing to accurately provide information requested. If hired, employment is for no fixed term and the company or employee can terminate employment at any time.

### I. GENERAL INFORMATION

1. Full Name \_\_\_\_\_  
FIRST MIDDLE LAST

Other names you have worked under or are known by: \_\_\_\_\_

2. Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mailing address, if different \_\_\_\_\_  
STREET CITY STATE ZIP

How long have you been a resident of the city in which you reside? \_\_\_\_\_

Last previous address \_\_\_\_\_  
STREET CITY STATE ZIP

3. Are you over the age of 18? ☐ YES ☐ NO

An offer of employment, if made, will be subject to verification that applicant's age meets legal requirements.

4. For what position are you applying?

Applications for "any" job will not be considered. You must list specific job(s) and limit your interest to no more than three.

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice: \_\_\_\_\_

5. Do you have computer skills? ☐ YES ☐ NO  
List computer programs with which you are familiar \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any work-related military experience in a federal or state unit? ☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. What languages do you speak, read and write fluently? \_\_\_\_\_
8. Have you ever been an employee of this company under your own name or another name: ☐ YES ☐ NO  
If yes, please give name: \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been discharged or asked to resign? ☐ YES ☐ NO  
If "yes" please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Do you have reliable transportation? ☐ YES ☐ NO
11. If an offer of employment is made, and prior to your commencement of employment duties, you may be required to undergo a medical examination and/or a drug test, the results of which may affect the offer of employment. Are you willing to undergo such an examination? ☐ YES ☐ NO
12. If hired, can you provide proof that you are legally authorized to work in the United States? ☐ YES ☐ NO
13. Has your license to practice ever been denied, revoked voluntary or involuntary terminated, relinquished, suspended, otherwise limited or restricted or been subject to a program of probation, or have you ever been issued a citation or letter of reprimand by the licensing agency or have formal or informal proceedings or investigations toward any of those ends ever been commenced? ☐ YES ☐ NO  
If "yes" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. EMPLOYMENT HISTORY

Please list your five most recent employers in chronological order. Please do not make any omissions.

Name of last employer	
Address	
Phone	
Name of immediate supervisor	

Dates of employment	
Position	
Annual salary	
Reason for leaving	
If you are currently employed with this employer, may we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of last employer	
Address	
Phone	
Name of immediate supervisor	
Dates of employment	
Position	
Annual salary	
Reason for leaving	

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Name of last employer	
Address	
Phone	
Name of immediate supervisor	
Dates of employment	
Position	
Annual salary	

Reason for leaving	
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### III. CRIMINAL HISTORY

Have you ever been convicted of a crime under your own or another name? ☐ YES ☐ NO

(Please note: conviction of a crime(s) will not necessarily disqualify you from employment. Do not include traffic tickets.)

Nature of the Crime	
Crime for which Convicted	
Date	
Court (justice, muni, etc.)	
Disposition of case	

Crime committed	
Charge	
Date	
Court (justice, muni, etc.)	
Disposition of case	

### IV. BACKGROUND INFORMATION

1. Are you over 18 years of age? ☐ YES ☐ NO
2. If necessary, could you work overtime? ☐ YES ☐ NO
3. If necessary, can you travel? ☐ YES ☐ NO
4. Do you have a valid Nevada driver's license? ☐ YES ☐ NO
5. Have you ever had your driver's license suspended or revoked? ☐ YES ☐ NO
6. From what state(s) do you currently possess a valid driver's license? \_\_\_\_\_
7. List out-of-state driver's license identification number: \_\_\_\_\_

### V. EDUCATIONAL INFORMATION

Name of School	Major/Minor Courses Taken	Degree

14. What prompted your application?
  - ☐ Employment agency
  - ☐ Own accord

- ☐ Advertisement
- ☐ Employee referral (Name): \_\_\_\_\_
- ☐ Other

## VI. PROFESSIONAL LICENSURES

**Clinical license/ Certification/National registry** *(Please attach copies)*

State	License Number	Issue Date	Expiration Date

## VII. CERTIFICATION/AUTHORIZATION FOR RELEASE OF INFORMATION

Please read carefully

I HEREBY CERTIFY that 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 who may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment, unless otherwise noted.

I authorize all of those with whom I am acquainted - previous employers, professionals, institutions, neighbors, friends, agencies asked to provide criminal conviction history and others - to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

Since all employees are hired for an unspecified duration, none of these classifications guarantees employment for any specific length of time. I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment. 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 Chief Executive Officer, has any power or legal authority to alter the at-will nature of the employment relationship. The Chief Executive Officer can alter the nature of the relationship only if expressly done so in a written agreement that is signed both by the Chief Executive Officer and the employee involved.

*ATTENTION APPLICANT: This application will be kept under active consideration for no more than 30 days from the date of application as shown below.*

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APPLICANT SIGNATURE

DATE