

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, gender, veteran's status, disability, pregnancy, genetic information 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 yo	u have worked ur	nder or are known by	/:		
2.	Address					
		STREET		CITY	STATE	ZIP
	Mailing address	, if different				
			STREET	CITY	STATE	ZIP
	Email Address _					
	Contact Phone N	Number:				
	How long have you been a resident of the city in which you reside?					
	Last previous ad	ldress				
			STREET	CITY	STATE	ZIP
3.	Are you over the	e age of 18? \Box	YES 🗆 NO			
	An offer of emp	loyment, if made,	, will be subject to ve	rification that appl	icant's age meets lega	al 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:					
	3rd choice:					

 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? \Box YES \Box 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?
	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?

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? YES NO		

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

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

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? \Box YES \Box NO
- 3. If necessary, can you travel?
 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

- 15. What prompted your application?
 - □ Employment agency
 - \Box Own accord
 - □ Advertisement
 - Employee referral (Name): ______
 - 🗆 Other

VI. 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.

APPLICANT SIGNATURE

DATE