

**IMPORTANT APPLICANT INSTRUCTIONS FOR COMPLETING
THE CARSON CITY ALANO CLUB APPLICATION FOR
EMPLOYMENT**

- Y If you are applying for more than one position, a separate application must be submitted for each job title. Copies are acceptable if each has an original signature, the correct announcement title and announcement number.
 - Y List all your jobs in reverse order starting with your present or last job.
 - Y Your entire work history including part-time, temporary, self-employment, volunteer and military jobs.
 - Y List each promotion as a separate job even if it was within the same organization.
 - Y List all important and/or time-consuming duties
 - Y Résumés may not be substituted for this application or any of its parts. Incomplete applications may be rejected.
 - Y Examples of work, awards, letters, etc., may be taken to the employment interview not attached to the application (unless noted).
 - Y This application form and its attachments are official property of Reno Justice Court and cannot be returned, reused or copied after being submitted. You should retain a copy of this application for future use or reference.
 - Y If more space is needed to describe employment history, attach additional employment history forms.
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- Please complete the application legibly.
 - You may attach copies of certificates, transcripts, license copies, etc., and, if interviewed, you may be required to produce the originals.
 - Retain a copy of your completed application for your records.



CARSON CITY ALANO CLUB APPLICATION FOR EMPLOYMENT

1800 HWY 50 East
SUITE 5
Carson City NV 89701
775-882-0443 (VOICE)

TITLE OF JOB FOR WHICH YOU ARE APPLYING:			SOCIAL SECURITY NUMBER:
(Please Print) NAME: LAST	FIRST	MIDDLE	
CURRENT MAILING ADDRESS (House or Apt. #, Street, P.O. Box, etc.)		CITY	STATE ZIP
HOME PHONE:	BUSINESS/MSG PHONE:	EMAIL ADDRESS: (FOR COURT'S CONTACT USE ONLY)	VALID DRIVER'S LICENSE NUMBER/STATE/EXPIRE DATE

JOB AVAILABILITY: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (20+ HRS PER WK.) <input type="checkbox"/> TEMPORARY (6 MOS. OR LESS) <input type="checkbox"/> SEASONAL <input type="checkbox"/> INTERMITTEN HOURLY (ON-CALL)	AVAILABLE DATE: <input type="checkbox"/> AVAILABLE IMMEDIATELY <input type="checkbox"/> 2 OR MORE WEEKS NOTICE <input type="checkbox"/> NOT AVAILABLE NOW, BUT WILL BE ON: _____
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CONVICTION: Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Include drunk driving, reckless driving, hit and run, domestic violence and military convictions) Yes No Note: a conviction is not necessarily a bar to employment

LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION. PLEASE EXPLAIN CONVICTIONS BELOW:

CONVICTION DATES AND NATURE (Use additional sheet if necessary):

LIST JOB RELATED CERTIFICATES / LICENSES, REGISTRATIONS, TYPE/DATA ENTRY, SHORTHAND SPEED, BILINGUAL AND OTHER SPECIAL ABILITIES, BELOW:

TITLE	STATE	TITLE	STATE	BILINGUAL
NUMBER	EXPIRATION DATE	NUMBER	EXPIRATION DATE	LANGUAGE

HIGH SCHOOL: DID YOU GRADUATE? Yes No **IF NOT, HAVE YOU PASSED A G.E.D. TEST?** Yes No

NAMES AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR	UNITS IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEM.	QTR.			
	FROM:					
	TO:					
	FROM:					
	TO:					
	FROM:					
	TO:					

THIS AREA FOR OFFICE USE ONLY.			
EVALUATED BY:		DATE:	
<input type="checkbox"/> ACCEPT	<input type="checkbox"/> REJECT-EXPERIENCE	<input type="checkbox"/> REJECT - EDUCATION	<input type="checkbox"/> REJECT - NO REQUIRED LICENSE
		<input type="checkbox"/> REJECT-OTHER (Explain)	
REEVALUATED BY:		DATE:	
<input type="checkbox"/> APPLICANT WITHDRAWAL:		DATE:	
<input type="checkbox"/> ACCEPT	<input type="checkbox"/> REJECT	COMMENTS:	
APPLICATION ENCODED BY:		DATE:	PROOFED:

PLEASE LIST JOBS BEGINNING WITH THE MOST RECENT

1. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
 Mo./Yr. Mo./Yr.

Total: _____ / _____
 Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Monthly Salary: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for leaving: _____

2. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
 Mo./Yr. Mo./Yr.

Total: _____ / _____
 Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Monthly Salary: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for leaving: _____

3. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
 Mo./Yr. Mo./Yr.

Total: _____ / _____
 Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Monthly Salary: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for leaving: _____

(Initial)

- _____ 1) I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information it shall be sufficient cause for disqualification or dismissal.
- _____ 2) I attest that I have the legal right to reside and work in this country. (Proof required upon employment.)
- _____ 3) In connection with this application, I authorize Reno Justice Court and any agent acting on its behalf to conduct an inquiry into my potential or continued employment with the Court and authorize the release of any such information, including but not limited to schools, prior employers and any criminal conviction on my record. Moreover, I hereby release Reno Justice Court and any agent acting on its behalf from any liability by reason of requesting such information from any person and its subsequent release as provided herein.
- _____ 4) By signing below I acknowledge that if I am employed by said Court I am an employee at-will, that is, if I am hired my employment may be terminated for any reason or no reason.
- I REQUEST THAT YOU DO NOT CONTACT MY PRESENT EMPLOYER WITHOUT MY PRIOR CONSENT.

Signature (DO NOT PRINT) _____

Date: _____

List any other names you have used: _____

Should more space be needed to list your employment history, ADDITIONAL employment history forms are available for your use. **PLEASE REMEMBER TO KEEP A COPY OF YOUR APPLICATION WHEN COMPLETED.** You may be asked to bring a copy of your current application to job interviews and you may need it for future reference when applying for other positions.

1. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
Mo./Yr. Mo./Yr.

Total: _____ / _____
Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor:

Employer/Supervisor Phone Number: _____

Duties:

Monthly Salary: _____

Machines/Equipment used:

Number and Title of people you supervised:

Reason for leaving:

2. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
Mo./Yr. Mo./Yr.

Total: _____ / _____
Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor:

Employer/Supervisor Phone Number: _____

Duties:

Monthly Salary: _____

Machines/Equipment used:

Number and Title of people you supervised:

Reason for leaving:

3. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
Mo./Yr. Mo./Yr.

Total: _____ / _____
Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor:

Employer/Supervisor Phone Number: _____

Duties:

Monthly Salary: _____

Machines/Equipment used:

Number and Title of people you supervised:

Reason for leaving:

4. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience:

From: _____ / _____ To: _____ / _____
Mo./Yr. Mo./Yr.

Total: _____ / _____
Yrs. Mos.

Full-time (40 hours/week) Part-time () Hrs./week

Your title: _____ Immediate Supervisor:

Employer/Supervisor Phone Number: _____

Duties:

Monthly Salary: _____

Machines/Equipment used:

Number and Title of people you supervised:

Reason for leaving:

NAME: _____

SSN: _____

DATE: _____

TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____

ADDITIONAL EMPLOYMENT SHEET
