

A candidate may be disqualified from further participation in the examination process and/or from placement on an eligible list if the application does not demonstrate possession of the minimum qualifications required for the position, if the application is not fully and truthfully completed and for any other material reason.

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Position: Museum Clerk Central Nevada Museum and Historical Society

Name _____

Date _____

Address _____

City _____

State _____

Zip Code _____

Email address: _____

Telephone(s) Home () _____

Cell () _____

Work () _____

If offered employment, when will you be available to begin? _____

Will you be available to work weekends and/or holidays if necessary? Yes No

To qualify for employment, applicants must be at least 18 years of age.

After an offer of employment, can you submit verification of your legal right to work in the United States? Yes No

List other names, if any, you have used. _____

EDUCATION RECORD

***Copies may be required**

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				
Graduate School				

LICENSES (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

Answer only if position requires.

Do you possess a valid driver's license? Yes No

If so, license expires _____ Class _____ Restrictions (if any) _____

I certify that I can type at a speed of ___ WPM.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate.

OTHER INFORMATION

Have you ever been arrested, convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?..... Yes No

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

Have you ever been disciplined in your employment related to workplace violence?..... Yes No

If yes, please explain.

Do you presently or have you used illegal drugs?..... Yes No

If yes, please give dates and type of drug used (if necessary attach a separate sheet)

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment for the last ten years. Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do NOT use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.)

Yes No

Present Employer _____

Present Position _____

Address _____

From (Mo/Yr) _____ To (Mo/Yr) _____

City _____

Full-Time

Part-Time (<20 hrs/wk)

State _____ Zip Code _____

Hourly/Salary _____

Supervisor's Name/Title _____

Telephone (____) _____

Related Duties: _____

Reason for Leaving: _____

Employer _____

Position _____

Address _____

From (Mo/Yr) _____ To (Mo/Yr) _____

City _____

Full-Time

Part-Time (<20 hrs/wk)

State _____ Zip Code _____

Hourly/Salary _____

Supervisor's Name/Title _____

Telephone (____) _____

Related Duties: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY CONTINUED

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time Part-Time (<20 hrs/wk)
State _____ Zip Code _____ Hourly/Salary _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties: _____

Reason for Leaving: _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time Part-Time (<20 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties: _____

Reason for Leaving: _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time Part-Time (<20 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties: _____

Reason for Leaving: _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application. Use additional sheets if necessary.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact the Central Nevada Museum.

- ___ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.
- ___ This application is the property of CNHS and will become part of my personnel file if I am hired.
- ___ I authorize CNHS to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with CNHS. In addition, I authorize CNHS to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize CNHS to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize CNHS to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.
- ___ In exchange for CNHS's consideration of my employment application, and/or any continued employment with CNHS I authorize anyone possessing information to furnish it to CNHS upon request, and I release the organizations and all individuals providing the information or acquiring the information, including CNHS, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.
- ___ I further understand this consent will apply during the entire course of my employment with CNHS should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.
- ___ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with CNHS. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from CNHS constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that during my employment I may be subject to random drug screenings and physical examinations. I understand that CNHS is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to CNHS. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
- ___ Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, *if qualifications of applicants are equal*: a) first, to a honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.
- ___ I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, I may not be employed by CNHS or my employment may be terminated by CNHS.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____

Date