

STATE OF NEVADA EMPLOYMENT APPLICATION NEVADA STATE DIVISION OF HUMAN RESOURCES MANAGEMENT

209 East Musser Street, Suite 101 Carson City, NV 89701-4204 Phone (775) 684-0150 555 East Washington Avenue Las Vegas, NV 89101-1046 Phone (702) 486-2900

Equal Opportunity Employer / Affirmative Action

Web Site: http://hr.nv.gov

READ INSTRUCTIONS BEFORE PROCEEDING

INSTRUCTIONS

- 1. Read the job announcement carefully before you apply. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements. If you have not seen a job announcement, you can receive or view one by:
 - Visiting a Department of Personnel office in Carson City or Las Vegas.
 - Visiting a Nevada JobConnect office.
 - Calling a Department of Personnel office in Carson City, 775-684-0150, or Las Vegas at 702-486-2900. If calling from outside these areas, but within Nevada, call toll-free 1-800-992-0900, extension 150, during working hours.
 Visiting our website.
- 2. Do not substitute a resume or other application form for this application. Resumes may be attached only for additional information.
- 3. Print clearly in dark ink or type. Give complete and accurate information.
- 4. Complete a separate application for each job. Photocopies are acceptable, but original signatures are required. Write the exact job title and announcement number as specified on the job announcement.
- 5. Veterans' preference (per U.S.C. 38.4211) may be used for all open-competitive examinations, **but only for one promotional** examination. Veterans' preference requires proof; e.g., DD214. Disabled veterans receive additional preference; letter from Veteran's Administration is required. Preference for being the widow/widower of a veteran requires proof of marriage, military service and death.
- 6. An applicant offered employment in a position affecting public safety may be required to take a controlled substance screening test. Employment is contingent on passing the test. The job announcement will indicate if this is a requirement.
- 7. Employment History Section. Be specific and complete. The information provided will be used to determine if you meet the minimum qualifications, and, if an examination is required, whether you will be admitted. For jobs with a training and experience rating, scores may be based upon information in this section.
 - List your present or most recent experience first. Include all job-related volunteer and/or unpaid experience.
 - List each job (including promotions) separately, even if it was within the same organization.
 - If you attach additional information sheet(s), include **all** of the information requested on the application; i.e., dates of experience, hours per week, etc.
 - If the hours per week on a job vary, use the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour week as the standard for full-time work.
 - To receive proper credit, list the most important and/or time consuming activities and the percentage of time spent on each for each position. Percentages should add up to 100%. Do not include unimportant duties that are performed only occasionally.
- 8. Sign and date the application. Your signature indicates your agreement with the statements listed above it and understanding of the statements listed on this page.
- 9. Retain a copy of the application for presentation to the hiring agency when called for an interview. The Department of Personnel cannot supply copies.
- **10.** Submit the application as directed on the job announcement. Your application must be delivered to the agency designated on the bottom of the job announcement by 5:00 p.m. on the final filing date. Applications received after 5:00 p.m. of the final FILING DATE WILL NOT BE ACCEPTED. Additional information may not be accepted after the close of the filing period.
- 11. Your application and all attachments become the property of the Department of Personnel and cannot be returned. Work samples, letters of recommendation and the like should **not** be submitted with the application. You may take such material with you to the actual employment interview.
- 12. The incomplete or improper completion of an application may result in the application being returned or rejected.
- **13.** Attention Current State Employees. You must indicate your Department, and, if applicable, your Division. If you are unsure, contact your supervisor or agency personnel office.
- 14. Contact the Department of Personnel at the numbers listed in No. 1 above if you have any questions about completing the application or if there is any change to your name, address, telephone number or promotional status.

SEAL OF TH	STATE OF N	OFFICE USE ONLY		
	EMPLOYMENT A Nevada State Departm Carson City, Nevada	ent of Personnel	RECEIVED APP IN	
	Las Vegas, Nevada Equal Opportunity Employe	a 89101-1046	ID#	
Job Title for which you are applying:				
Announcement Number:				
CONTACT INFORMATION				
Last Name:		First Name:	MI:	
Mailing Address (Street or P.O. Box)):			
City:	State:	Zip:		
Home Phone:				
Other Phone:				
Preferred Method of Contact:				
AVAILABILITY				
Date you will be available for employ	vment:			
	,			
Type of work you will accept (check				
Permanent Full-Time	Permanent Part-Time	Intermittent (on-call))	
Seasonal	Shiftwork/Weekends			
How much of your work week would	I you be willing to travel?			
None	Up to 25%	Up to 50%	More than 50%	
Geographic location(s) you will accept				
Battle Mountain Carson City, Minden, Gardnervill	Boulder City e Elko	Caliente	Carlin Fallon	
Hawthorne	Henderson	Indian Springs	Jean	
Lake Tahoe	Las Vegas	Laughlin		
	Pahrump		Reno, Sparks	
Silver Springs, Lahontan, Fernley	Tonopah	Virginia City	Wells	
Other (specify)				
Agencies in which you are willing to				
Administration	Agriculture	Attorney General's Office	Business & Industry	
Conservation	State Controller	Corrections	Cultural Affairs	
Education	Employment Training and Rehabilitation	Gaming Control Board	Health & Human Services	
Information Technology	Military	Motor Vehicles	Peace Officers' Standards and Training	
Personnel	Public Employees	Public Employees	Public Safety	
Public Utilities Commission	Benefits Program Secretary of State	Retirement System	Tourism	
Transportation	Treasurer	Veterans Services	Wildlife	
Nevada System of Higher	_		—	
Education (NSHE)				

OTHER INFORMATION

Preference Claimed for Nevada Resident		Yes	No
Preference claimed for Veteran Status		Yes	🗌 No
Veteran, Widow/Widower of Veteran, Disabled Veteran (Pro- experience evaluation, proof must be submitted by close of file		e final testing. If	examination is a training and
MEMBER OF:			
Sheriff's Department Search and Rescue or Reserve Unit or Ca	ivil Air Patrol Unit (Disclo	sure required by S	State Law NRS 414.250)
CRIMINAL CONVICTIONS/TRAFFIC VIOLATIONS:	Have you ever been conv	icted of:	
Any misdemeanor, gross misdemeanor or felony? (You must a ago, even if they have been set aside, vacated, pardoned, exput you successfully completed probation, went to trial, entered a	nged, dismissed or appeale	d, whether or not	
A moving traffic violation within the last five years?		Yes	🗌 No
If yes to either of the above, provide detail giving date(s), time conditions of your parole and/or probation, if applicable. Mov requirement. A criminal conviction is not an automatic bar to REQUESTED INFORMATION IS BASIS FOR REJECTING	ving traffic violations will c employment. Each case is	only be considered	d if driving a vehicle is a job
Are you currently employed with the State of Nevada?		Yes	🗌 No
(If yes, list Department and Division where employed)	Dept	Divisio	on
Have you previously been employed with the State of Nevada	?	Yes	🗌 No
(If yes, list most recent Department, Division and dates)	Dept	Divisio	on
	From	То	
Do you have relative(s) working for the State of Nevada? (If yes, list their name(s), Department(s) in which employed an	nd their relationship to you	☐ Yes)	□ No
Have you ever been terminated or requested to resign (instead employer and explain the circumstances surrounding the sever			please identify the name of the

EDUCATION AND TRAINING (Pursuant to State law, use of a false or misleading degree is prohibited)

High School Diploma or Equivalent Completed

Yes

		No
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College, University or Professional School:

(If you have college credits but have not yet graduated with a degree, please enter your college courses in the second grid box below)

Institution	Location	Cumulative credit hours	Type of Degree (AA, BS, etc)	Date Degree Received	Major	Minor

College, Business, Correspondence or Vocational School:

Institution	Location	Program, Class or Subject	Class Hours	Date Certificate Received	College class credits

LICENSES

Drivers License: Class _____ State _____ Expiration Date _____

Professional License/Certification/Registration (Examples: Doctors, Lawyers, Nurses Engineers, Social Workers, Teachers, etc.) Please attach a copy

Title	Number	
Issuing Board	State	Expiration Date

EMPLOYMENT HISTORY Current or Last Employer _____ Location (City, State) From (month/year) _____ To ____ Total length of experience (years/months) _____ Full Time (40 Hrs/Week)Part Time (_____Hours per week)Your Title _____Last Monthly Salary _____ Supervisor _____ Phone No._____ Number and title(s) of people you supervised Machines/equipment you used Major duties: (include percentages of time – all duties should total 100%) 1._____ % of time _____ % of time _____ 2._____ % of time _____ 3._____ % of time _____ 4._____ % of time _____ 5._____ Employer _____ Location (City, State) From (month/year) _____ To ____ Total length of experience (years/months) _____ Image: Full Time (40 Hrs/Week) Image: Part Time (_____Hours per week) Your Title Last Monthly Salary Supervisor Phone No._____ Part Time (_____Hours per week) Number and title(s) of people you supervised ______ Machines/equipment you used Major duties: (include percentages of time – all duties should total 100%) % of time _____ 1. _____ % of time _____ 2._____ % of time _____ 3. _____ % of time _____ 4._____ % of time _____ 5._____ Reason for leaving ****** Employer _____ Location (City, State) From (month/year) _____ To ____ Total length of experience (years/months) _____ Full Time (40 Hrs/Week) Part Time (_____Hours per week) Your Title _____ Last Monthly Salary _____ Supervisor _____ Phone No._____ Number and title(s) of people you supervised ______ Machines/equipment you used _____ Major duties: (include percentages of time – all duties should total 100%) % of time _____ 1._____ 2._____ % of time _____ % of time _____ 3._____ % of time _____ 4._____ % of time _____

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Reason	tor	leaving
Reason	101	loaving

5._____

Employer	
Location (City, State)	
From (month/year) To	Total length of experience (years/months)
Full Time (40 Hrs/Week)	Part Time (Hours per week)
Your Title	Last Monthly Salary
Supervisor	
	rised
Machines/equipment you used	
Major duties: (include percentages of tim	e – all duties should total 100%)
1	
2	
3.	
4	
5.	
Reason for leaving	
<u> </u>	*******
Employer	
Location (City, State)	
From (month/year) To	Total length of experience (years/months)
Full Time (40 Hrs/Week)	Part Time (Hours per week)
Your Title	
G :	
1 <u> </u>	
	ised
Machines/equipment you used	
Major duties: (include percentages of tim	
1	% of time
2	% of time
3	% of time
4	% of time
5	% of time
Reason for leaving	

Location (City, State)	
	Total length of experience (years/months)
Full Time (40 Hrs/Week)	Part Time (Hours per week)
Your Title	Last Monthly Salary
	Phone No
Number and title(s) of people you superv	rised
Major duties: (include percentages of tim	e – all duties should total 100%)
1	
2.	
3.	
4	
5	
Reason for leaving	

SKILLS

LLS			
Administrative & Clerical			
Customer Service		Multi-line telephone	Scanner
Transcription		Personal computer	Preparing legal documents
Proofreading		Public contact & assistance	Shorthand/speedwriting
Ten key by touch		Data entry	typing at 44 WPM or less
Typing at 45 to 60 WPM		Typing at 61 to 75 WPM	Typing at 75 WPM or higher
Computer			
.NET Programming		🗌 AIMS - AVATAR	AS 400
Adobe Photoshop		\Box C++ Programming	COBOL Programming
C Programming		Crystal Reports	
Cold Fusion		Honeywell 6000	
Database software - Beginner		Database software - Intermediate	Database software - Advanced
			—
Enterprise Architecture		FORTRAN	Graphic Design Software
Flash		FoxPro	Java Programming
HR Data Warehouse		Help Desk	Lotus 1-2-3
Human Resource Info System (HRIS)		IFS – HR Advantage	Macintosh
Legal Case Management Software		Local Area Network	Microsoft Office Suite
Lotus Domino		Lotus Notes	Microsoft Publisher
Mainframe		Microsoft Access	Microwave Technology
Microsoft Excel	1	Microsoft FrontPage	□ NEBS
Microsoft Power Point		Microsoft Project	PC Repair
Microsoft Visio		Microsoft Word	Quattro Pro
Networking		□ NEATS	
Novell Networks			Statistical Analysis Software (SAS)
Paradox		Peachtree Accounting Software	Switches, Firewalls, Routers
QuickBooks		SLIMS Database	
— 、			Visual Basic Programming
Satellite		Servers	Web Programming(XML,DHTML,etc)
Spreadsheet software - Beginner		Spreadsheet Software - Intermediate	Spreadsheet Software - Advanced
Stat Package for the Social Sciences		Storage Area Networks	WordPerfect
System Architecture		UNIX	U Web Design
U VoIP		Windows Operating Systems	☐ Wide Area Networks
Word Processing software-Beginner		Word Processing Software-Intermediat	Word Processing Software-Advanced
Fiscal/Financial/Accounting		*	
Accounts Pavable		Auditing	Bookkeeping
Accounts Receivable		Budget Analysis	Budget Forecasting
Bookkeeping		Certified Public Accountant	
Budgeting		Federal Grant Reporting	Financial Analysis
Corporate Accounting		GAAP Financial Reports	Grant Management
Fiscal Management		Internal Controls	Loan Processing
Health Care Finance		Private Sector Accounting	Public Sector Accounting
Payroll		State Budget Preparation	Tax Accounting
Securities		Underwriting	
Language			
Spanish Spanish		Other (please list)	Other (please list)
Professional			
Benefits Administration		Business/Process Analysis	Conducting Formal Training
Contract Administration		Engineering	Environmental
Facilities Management		Government Relations	Health Care
Human Resources/Personnel			Interviweing/Eligibility
Investigations	1	Law Enforcement	Legislative Analysis/Testimony
Managerial		Mediation and Conflict Resolution	Policies and Procedures Development
Position Classification		Project Management	Property Management
Public Speaking/Presentations		Real Estate	Real Property Appraisal
Research		Safety & Risk Management	
Scientific			Statistical Analysis
		Social Services	
		Workers Compensation	
Technical/Trade			
Air Quality		Automotive	Boilers
		Commercial Drivers License Class A	Commercial Drivers License Class B
Carpentry		Construction	Drafting
Carpentry Computer Aided Drafting			
Carpentry		Engineering Technology	HVAC HVAC
Carpentry Computer Aided Drafting		 Engineering Technology Heavy Equipment Operation 	HVAC
Carpentry Computer Aided Drafting Electrical			
Carpentry Computer Aided Drafting Electrical Hazardous Materials Mechanical Repair		 Heavy Equipment Operation Medical Technology 	Locksmith
Carpentry Computer Aided Drafting Electrical Hazardous Materials Mechanical Repair Painting		Heavy Equipment Operation	Locksmith
Carpentry Computer Aided Drafting Electrical Hazardous Materials Mechanical Repair Painting		Heavy Equipment Operation Medical Technology Plumbing	Locksmith Mining Water Quality
Carpentry Computer Aided Drafting Electrical Hazardous Materials Mechanical Repair Painting		 Heavy Equipment Operation Medical Technology 	Locksmith Mining Water Quality

IMPORTANT

- 1. I declare that all statements in this application and information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 284.430.
- 2. At the time of application, 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 the State of Nevada and any agent acting on its behalf to conduct an investigation into any information related to my potential or continued employment with the State and authorize the release of any information, including, but not limited to, any criminal conviction on my record. (Check box below if you do not want your present employer contacted). Moreover, I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
 - I request that you do not contact my present employer unless necessary to determine my qualifications for the position.

Signature _____

Date_____

EMPLOYMENT QUESTIONNAIRE

The following information will be used by the Nevada State Department of Personnel for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, national origin, handicap or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision.

Choose one ethnic group with which you most closely identify:

- I. American Indian or Alaskan Native. (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.
- B. Black. (Not of Hispanic origin: All persons having origins in any of the Black racial groups.)
- A. Asian/Pacific Islander. (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillippine Islands, and Samoa.)
 - H. Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.)
- W. White. (Not of Hispanic origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)

Date of Birth: ____/___/

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have? (It is not necessary that you describe or identify the disability.)

Yes

No No

If "Yes", please describe the type of accommodation required: