

STATE OF NEVADA EMPLOYMENT APPLICATION NEVADA STATE DEPARTMENT OF PERSONNEL

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://dop.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.



STATE OF NEVADA EMPLOYMENT APPLICATION

Nevada State Department of Personnel Carson City, Nevada 89701-4204 or Las Vegas, Nevada 89101-1046 Equal Opportunity Employer/Affirmative Action

OFFICE USE ONLY					
RECEIVED	APP IN				
ID#					
ID#					

Job Title for which you are applying:				
Announcement Number:				
CONTACT INFORMATION				
Last Name:		Firs	Name:	MI:
Mailing Address (Street or P.O. Box):				
City:	State:		Zip:	
Home Phone:				
Other Phone:		Email:		
Preferred Method of Contact:				
AVAILABILITY				
Date you will be available for employ	ment:			
Type of work you will accept (check a	all that apply)			
☐ Permanent Full-Time ☐ Seasonal	☐ Permanent Part-Tim☐ Shiftwork/Weekend		☐ Intermittent (on-call)	☐ Temporary
How much of your work week would	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, Gardnerville Hawthorne Lake Tahoe Mesquite Silver Springs, Lahontan, Fernley Winnemucca Other (specify)	☐ Boulder City		☐ Caliente ☐ Ely ☐ Indian Springs ☐ Laughlin ☐ Pioche ☐ Virginia City	☐ Carlin ☐ Fallon ☐ Jean ☐ Lovelock ☐ Reno, Sparks ☐ Wells
Agencies in which you are willing to	accept employment (check	all that ap	ply)	
Administration	Agriculture Agriculture		Attorney General's Office	☐ Business & Industry
☐ Conservation ☐ Education	State ControllerEmployment Training and Rehabilitation	g [Corrections Gaming Control Board	☐ Cultural Affairs ☐ Health & Human Services
☐ Information Technology	☐ Military		Motor Vehicles	Peace Officers' Standards and Training
Personnel	Public Employees Benefits Program		Public Employees Retirement System	☐ Public Safety
☐ Public Utilities Commission ☐ Transportation ☐ Nevada System of Higher Education (NSHE)	Secretary of State Treasurer		Taxation Veterans Services	☐ Tourism ☐ Wildlife

	Yes	☐ No	
	Yes	☐ No	
	er than the final testing.	If examination is a train	ing and
Civil Air Patrol Un	it (Disclosure required b Yes	y State Law NRS 414.25	50)
Have you ever b	een convicted of:		
unged, dismissed of	or appealed, whether or n		
a gunty piea or a n	Yes	□ No	
	Yes	□ No	
oving traffic violati to employment. Ea	ons will only be consider ch case is considered on	red if driving a vehicle is	s a job
	☐ Yes	□ No	
Dept		□ No sion	
Dept			
la?	Divi	No	
la? Dept	Divi	No No 	
la? Dept	Divi	No No 	
la? Dept	Divi Yes Divi To _	□ No	
la? Dept From and their relationsl	Divi Yes Divi To _	No No No No No No No	
	Civil Air Patrol Un Have you ever bet answer yes if you bunged, dismissed of a guilty plea or a new property of the coving traffic violation of the coving traffic violation.	coof required no later than the final testing. Civil Air Patrol Unit (Disclosure required by Yes Have you ever been convicted of: answer yes if you have any convictions, in bunged, dismissed or appealed, whether or not a guilty plea or a no contest plea.) Yes Yes Yes	Civil Air Patrol Unit (Disclosure required by State Law NRS 414.25 Yes

EDUCATION AND TRAINING (Pursuant to State law, use of a false or misleading degree is prohibited)									
High School Diplor	ma or Equivalent Co	ompleted				Yes	☐ No		
	y or Professional S e credits but have no		h a degree	e, please en	ter your col	llege cour	rses in the secon	nd grid box	k below)
Institution	Location	Cumulative credit hours	31		Date Degree Received		Major		Minor
College, Business,	Correspondence o	r Vocational Schoo	ol:						
Institution	Location	Program, C Subje		Class	Hours		Certificate eceived		ge class edits
LICENSES									
Drivers License:	Class		State			Expiration	on Date		
Professional Licens Please attach a copy	se/Certification/Reg y	istration (Examples	Doctors	, Lawyers, 1	Nurses Eng	ineers, So	ocial Workers,	Γeachers, 6	etc.)
Title			Nun	nber					
Issuing Board			State	e			Expiration Date	e	

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	
	d
Major duties: (include percentages of time –	
1.	
2.	
3.	
4.	
5.	
Reason for leaving	
<u> </u>	*******
Employer	
Location (City, State)	
	Total length of experience (years/months)
	Part Time (Hours per week)
	Last Monthly Salary
Supervisor	
	d
Machines/equipment you used	
Major duties: (include percentages of time –	
1	
2.	% of time % of time
3.	
4	% of time
	% of time

Employer	
Location (City, State)	
	Total length of experience (years/months)
	Part Time (Hours per week)
	Last Monthly Salary
Supervisor	Phone No
	1
Machines/equipment you used	
Major duties: (include percentages of time –	· · · · · · · · · · · · · · · · · · ·
1	% of time
2	
3	
4	
5	
Reason for leaving	
· · · · · · · · · · · · · · · · · · ·	

Employer	
Location (City, State)	
	Total length of experience (years/months)
☐ Full Time (40 Hrs/Week)	Part Time (Hours per week)
Your Title	Last Monthly Salary
Supervisor	Phone No
	vised
Major duties: (include percentages of tir	
1	% of time
2	% of time
3	% of time
4	
5	
Reason for leaving	

Employer	
Location (City, State)	
	Total length of experience (years/months)
☐ Full Time (40 Hrs/Week)	Part Time (Hours per week)
Your Title	Last Monthly Salary
Supervisor	
	rvised
Machines/equipment you used	
Major duties: (include percentages of tin	
1	
2.	
3.	% of time
4	
5	% of time

Employer	
Location (City, State)	
From (month/year) To	Total length of experience (years/months)
Full Time (40 Hrs/Week)	Part Time (Hours per week)
	Last Monthly Salary
	Phone No
Number and title(s) of neonle you super	vised
	viscu
Major duties: (include percentages of tin	
1	
2	
3	
4	
5Reason for leaving	% of time
keason for leaving	

SKILLS

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		C++ Programming		COBOL Programming
C Programming		Crystal Reports		Dreamweaver
Cold Fusion		Honeywell 6000		Filemaker
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	L	Macintosh
Legal Case Management Software	_=	Local Area Network	<u> </u>	Microsoft Office Suite
Lotus Domino		Lotus Notes	L	Microsoft Publisher
Mainframe		Microsoft Access	<u> </u>	Microwave Technology
Microsoft Excel		Microsoft FrontPage	Ļ	NEBS
Microsoft Power Point		Microsoft Project	Ļ	PC Repair
Microsoft Visio		Microsoft Word	ᆜ	Quattro Pro
Networking	_	NEATS		SQL (G16)
Novell Networks		Oracle	ᆜ	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> </u>	Web Design
VoIP		Windows Operating Systems	<u> </u>	Wide Area Networks
☐ Word Processing software-Beginner		Word Processing Software-Intermediat	L	Word Processing Software-Advanced
Fiscal/Financial/Accounting	_		_	
Accounts Payable		Auditing	느	Bookkeeping
Accounts Receivable		Budget Analysis	<u> </u>	Budget Forecasting
Bookkeeping		Certified Public Accountant	뇯	Contracts
Budgeting		Federal Grant Reporting	<u> </u>	Financial Analysis
Corporate Accounting		GAAP Financial Reports	뇯	Grant Management
Fiscal Management		Internal Controls		Loan Processing
Health Care Finance		Private Sector Accounting		Public Sector Accounting
Payroll		State Budget Preparation	누	Tax Accounting
Securities	<u> </u>	Underwriting	L	
Language	_	Oth (-1 1:-t)	_	Oth (-1 1:-t)
Spanish	Ш	Other (please list)	L	Other (please list)
Professional	_	Descision /Description Association	_	Conduction Formal Tradition
Benefits Administration		Business/Process Analysis Engineering	누	Conducting Formal Training Environmental
Contract Administration Facilities Management		Government Relations	누	Health Care
Human Resources/Personnel	=	Insurance	누	Interviweing/Eligibility
☐ Human Resources/Personnel ☐ Investigations		Law Enforcement	누	Legislative Analysis/Testimony
☐ Investigations ☐ Managerial		Mediation and Conflict Resolution	누	Policies and Procedures Development
Position Classification		Project Management	누	Property Management
Public Speaking/Presentations		Real Estate	누	Real Property Appraisal
Research		Safety & Risk Management	+	Sales
Scientific		Social Services	누	Statistical Analysis
Supervisory		Workers Compensation	누	Saustical Allarysis
Technical/Trade	<u> </u>	11 OTROLO COMPONDATION		
Air Quality		Automotive		Boilers
Carpentry		Commercial Drivers License Class A	누	Commercial Drivers License Class B
Computer Aided Drafting	+	Construction	H	Drafting
Electrical	+	Engineering Technology	H	HVAC
Hazardous Materials		Heavy Equipment Operation	H	Locksmith
☐ Mechanical Repair		Medical Technology	H	Mining
Painting		Plumbing	H	Water Quality
	+	1 Idinomia	누	must quarty
	H		H	
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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.	
Signatu	ıre		
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 a peoples of North America and who maintain cultural identification the affiliations or community recognition.	
B. Black. (Not of Hispanic origin: All persons having origins in any of groups.)	the Black racial
A. Asian/Pacific Islander. (All persons having origins in any of the original Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islamincludes, for example, China, Japan, Korea, the Phillippine Islands, a	nds. This area
H. Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or other Spanish culture or origin, regardless of race.)	South America, or
☐ W. White. (Not of Hispanic origin: All persons having origins in any of people of Europe, North Africa, or the Middle East.)	the original
Date of Birth:/	
Do you need an accommodation in the application or testing process for the are applying for any disability you may have? (It is not necessary that you described the disability.) Yes No	
If "Yes", please describe the type of accommodation required:	