

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Town of Tonopah Post Office Box 151 140 South Main Street Tonopah, Nevada 89049 775.482.6336

If you believe you require	e an accommodation da	uring the selection p	rocess, please contact us	to make ap	ppropriate arrangements.		
Name	Date						
Address (Physical):		(Mailing):					
City		Stat	teZip C	ode			
Email address:							
Telephone(s) Home ()	Cell ()_		Work (_)		
Position Applied for							
How did you hear about this po				y whom?)			
☐ Other (explain)							
If offered employment, when w	vill you be available	to begin?					
What type of employment will	you accept?	□ Full-Ti	me	ne	☐ Temporary		
Will you be available for shift work?				s 🗆 No			
Will you be available to work v Have you been given a job deso you?	cription or had the re	equirements of the	job explained to				
Do you understand the job requested for a you perform the essential for accommodation?	functions of this jobplicants must be at le unnouncement. If off can you submit verif	with or without rease ast 18 years of age fered employment,	asonable Yes e unless can you Yes al right to work	s □ No s □ No			
in the United States?							
List other names, if any, you ha	ave used.						
EDUCATION RECORD							
Did you graduate from high scl	hool or receive a GE	D certificate?	□ Yes	s 🗆 No			
School Name	Location	Hours Earned	Diploma, Degree, or Certificate		Major Field of Study		
Business/Technical/Vocational 1.							
2.							
College/University (Undergraduate)							
2	<u> </u>						
2. Graduate School	<u> </u>						

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?
Do you possess a valid driver's license? ☐ Yes ☐ No If so, license expires ☐ Class Restrictions (if any) For positions that require typing: I certify that I can type at a speed of WPM.
If so, license expires Class Restrictions (if any) For positions that require typing: I certify that I can type at a speed of WPM.
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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 disciplined in your employment related to workplace violence?
Do you presently use illegal drugs? □ Yes □ No
Have you ever been employed by Town of Tonopah? \square Yes \square No
If yes, please provide the following information:
DepartmentPosition Title
Dates of Employment Reason for Separation
Are you related to anyone who is currently employed by Town of Tonopah? □ Yes □ No
If yes, please provide the following information:
Related person's nameDepartment

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). 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.

State	ve contact all employers listed? (Attach a list of a	any exceptions with an explanation.)	□ Yes □ No	
City	nt Employer	Present Position		
State	ss	From (Mo/Yr)	To (Mo/Yr)	
State		☐ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)	
Reason for Leaving Employer Position Address From (Mo/Yr) To (Mo/ City Full-Time (30+ hrs/wk) Part-Time State Zip Code Supervisor's Name/ Title Related Duties Reason for Leaving Employer Position Address From (Mo/Yr) To (Mo/ City Pull-Time (30+ hrs/wk) Part-Time State Zip Code Supervisor's Name/ Telephone ()			Zip Code	
Employer Position Address From (Mo/Yr) To (Mo/ City Pull-Time (30+ hrs/wk) Part-Time State Zip Code Supervisor's Name/ Telephone () Title Related Duties Employer Position Address From (Mo/Yr) To (Mo/ City Pull-Time (30+ hrs/wk) Part-Time State Zip Code Supervisor's Name/Title Telephone () Related Duties	visor's Name/Title Related Duties	Telephone ()		
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Address From (Mo/Yr) To (Mo/City	n for Leaving			
City	oyer	Position		
State	ss	From (Mo/Yr)	To (Mo/Yr)	
State		☐ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)	
Reason for Leaving Employer			Zip Code	
Reason for Leaving Employer		m 1 1 ()		
Employer	Related Duties			
Employer				
Address From (Mo/Yr) To (Mo/City	n for Leaving			
City	oyer	Position		
State Zip Code Supervisor's Name/Title Telephone () Related Duties	ss	From (Mo/Yr)	To (Mo/Yr)	
Supervisor's Name/TitleTelephone (☐ Full-Time (30+ hrs/wk)	☐ Part-Time (<30 hrs/wk)	
Related Duties			Zip Code	
Reason for Leaving	visor's Name/Title	Telephone ()		
Reason for Leaving				
<u> </u>	n for Leaving			

	Го (Мо/Үr)			
City Full-Time (30+ hrs/wk) □ Pa	art-Time (<30 hrs/wk)			
	e			
Reason for Leaving				
EmployerPosition				
	Го (Мо/Үг)			
City □ Full-Time (30+ hrs/wk) □ Pa	art-Time (<30 hrs/wk)			
	de			
Supervisor's Name/Title Telephone ()			
Reason for Leaving				
Please state below any other information that would be helpful in determining your qualifications for include significant accomplishments, previous career highlights, or any other relevant information the employment application.				

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 Town of Tonopah Administrative Supervisor. 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 the Town of Tonopah and will become part of my personnel file if I am hired. I authorize the Town of Tonopah 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 Town of Tonopah. In addition, I authorize the Town of Tonopah 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 the Town of Tonopah 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 the Town of Tonopah 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 the Town of Tonopah's consideration of my employment application, and/or any continued employment with the Town of Tonopah, I authorize anyone possessing information to furnish it to the Town of Tonopah upon request, and I release the organizations and all individuals providing the information or acquiring the information, including the Town of Tonopah, 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 the Town of Tonopah 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 the Town of Tonopah. 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 the Town of Tonopah constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any jobrelated drug screening and physical examination upon conditional offer of employment. I understand that the Town of Tonopah 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 the Town of Tonopah. 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. Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge. **Signature of Applicant** Date