

SOUTHERN NEVADA SENIOR LAW PROGRAM
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status, sexual orientation or gender identity/expression, genetic information or disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us? Advertisement ___ Friend ___ Walk-In ___ Employment Agency ___ Relative ___ Other ___

_____/_____/_____
Last Name First Name Middle Name Social Security Number

Address Number Street City State Zip Code

Telephone Number (____) _____ How Long At Present Address ____/____ (years/months)

Previous Address E-Mail Address (if applicable)

Have you ever filed an application with us before? Yes _____ No _____

If yes, date given _____

Have you ever been employed with us before? Yes _____ No _____

If yes, give date _____

Do we currently employ a member of your family or household? Yes _____ No _____

If yes, give name _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship, immigration status, or work authorization will be required upon employment*) Yes _____ No _____

On what date would you be available for work? _____

Are you available to work: Full Time ___ Part Time ___ Temp/Seasonal ___

Are you able to travel? Yes _____ No _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Have you ever been convicted of a criminal offense (other than minor traffic violations), or are you awaiting trial for a criminal offense? (*Answering "yes" will not necessarily disqualify an applicant from employment*) Yes _____ No _____

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence or probation.

If yes, please explain _____

(Please use Additional Space on page 4 if necessary)

APPLICATION FOR EMPLOYMENT

EDUCATION:

High School Name: _____

Location: _____ Years Completed: (9, 10, 11, or 12)

College/Undergraduate School Name: _____

Location: _____ Years Completed: (1, 2, 3, or 4)

Graduate/Professional School Name: _____

Location: _____ Years Completed: (1, 2, 3, or 4)

Diploma/Degree: _____ Date Received: _____

Describe Course of Study: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK	_____	_____	_____
READ	_____	_____	_____
WRITE	_____	_____	_____

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal sex, sexual orientation or gender identity/expression, race, religion, national origin, age, genetic information, disability or other protected status)*

Have you ever had any job-related training in the United States Military? Yes _____ No _____

If yes, please describe _____

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____

REFERENCES:

Give name, address and telephone number of three references who are not related to you.

1. _____
2. _____
3. _____

APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin, disability, sexual orientation or gender identity/expression, genetic information or other protected status.

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

Employer	Dates Employed From To	DESCRIPTION OF DUTIES
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving (check) <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Resignation		
Explain:		

(Please use Additional Space on page 4 if necessary)

Summarize special skills, qualifications or experience that will be useful when working with seniors. _____

CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING
I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application (including any resumes) may result in refusal of employment or if employed, termination from employment.
2. If I am offered and accept employment, I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purses, and packages in my possession, or any locker, desk, computer, phone or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
3. I understand and agree that I may be required to take a pre-employment blood, urine, hair and/or other test to determine if I am currently using illegal drugs. If I am offered and accept employment, I further understand that I may be required to take a blood, urine, hair and/or other test to determine if I am under the influence of alcohol, impaired by drugs or other intoxicants, and/or have illegal drugs in my system. I also understand that, depending on the particular job position, I may be required to submit to a medical examination or inquiry after a conditional offer of employment, but prior to starting work. If I am employed by the Company, I understand that I may be required to submit to a medical examination or inquiry to determine my ability to perform the essential functions of my job, whether I am entitled to a reasonable accommodation and/or whether I pose a direct threat to myself or others. The tests, exams and inquiries discussed above, to the extent that they are to be performed by someone other than my personal physician, are at the Company's expense. I authorize any physician, including my personal physician, to release any information to the Company related to any such test, examination or inquiry and I agree to execute any necessary releases and authorizations for the Company to obtain such information. Failure to submit to such testing and/or provide the necessary releases and authorizations may result in the refusal of employment, including the withdrawal of an offer of employment, or, if employed, disciplinary action up to and including termination.
4. If I am offered and accept employment, I further understand that the Company can, except as otherwise provided by law, change wages, benefits and/or working conditions in its sole discretion, and that I may be required to work overtime or on weekends, depending upon job requirements.
5. I UNDERSTAND THAT THE COMPANY MAY, FROM TIME TO TIME, ESTABLISH RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES, SOME OF WHICH MAY BE REDUCED TO WRITING. IN CONSIDERATION OF POSSIBLE MY EMPLOYMENT, I AGREE, IF HIRED, TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES OF THE COMPANY AND/OR ANY DEPARTMENT THEREOF. I UNDERSTAND THAT THOSE RULES, REGULATIONS, POLICIES AND/OR DISCIPLINARY PROCEDURES ARE NOT INTENDED BY THE COMPANY TO CREATE AN OBLIGATION OF CONTINUED EMPLOYMENT.
6. I UNDERSTAND THAT THIS DOCUMENT IS AN APPLICATION FOR EMPLOYMENT AND CONTINUED EMPLOYMENT IS NOT BEING OFFERED. **I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, BOTH DURING AND AFTER ANY INTRODUCTORY OR ORIENTATION PERIOD, IS FOR AN INDEFINITE PERIOD, AND THAT NOTHING IN THIS APPLICATION SHALL BE DEEMED TO CREATE ANY CONTRACT OF CONTINUED EMPLOYMENT BETWEEN ME AND THE COMPANY.** I FURTHER UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL AT ANY TIME BY MYSELF OR THE COMPANY WITH OR WITHOUT CAUSE. I UNDERSTAND THAT EMPLOYMENT BEYOND ANY INTRODUCTORY OR ORIENTATION PERIOD OR EMPLOYMENT FOR A NUMBER OF YEARS SHALL NOT RESULT IN ANY HEIGHTENED EXPECTATION OF CONTINUED EMPLOYMENT. I UNDERSTAND AND AGREE THAT ANY STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME. **I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EXCEPT IN A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF THE COMPANY.**
7. It is my understanding that this application for employment will only remain active for thirty (30) days following the date of application.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Arrange Interview: Yes _____ No _____

Remarks: _____

Interviewer: _____

BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE

1. I understand and agree that the Company may conduct an investigation into my background for the purposes of verifying the information I have furnished in my application for employment, related papers and/or oral interviews or making other employment-related decisions affecting me, including, but not limited to, information from previous employers, references, school records, driving records, and any criminal records.
2. I further understand and agree that the Company may engage the services of a third-party service provider to gather background information, such as a consumer reporting agency, and/or to administer a drug/alcohol screen in connection with my application for employment or the making of other employment-related decisions affecting me.
3. I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, court, financial institution, or other persons or organizations having knowledge about me to furnish the Company, and/or its employees, agents, or representatives, with any and all information in their possession regarding me for the Company to use in connection with my application for or retention of employment, or any other employment-related decisions affecting me.
4. I also agree to execute, as a condition of employment or a condition of continued employment, any additional written authorizations necessary for the Company to obtain access to and copies of records pertaining to any background investigation it may undertake.
5. I understand and agree that, if required, I will submit to fingerprinting and take all the necessary steps to allow the Company to obtain criminal history information, including that related to sexual offenses, from the Central Repository for Nevada Records of Criminal History and/or the Federal Bureau of Investigation.
6. Further, I hereby release from all liability and agree to hold harmless all persons, companies, entities and organizations, including but not limited to the Company, its employees, agents, representatives, service providers and vendors, from any and all causes of action, including any claims of negligence, arising out of or related to the gathering, supplying, receiving, disseminating, or using of information about me associated with a background investigation and/or alcohol/drug screen that is connected to my application for employment and/or the making of other employment-related decisions affecting me.
7. I understand that falsification of any data provided in my application for employment, related papers and/or oral interviews, or information which may be discovered as a result of any background investigation the Company may undertake pursuant to this Authorization and Release, may result in refusal of employment, or if employed, termination from employment.
8. A photocopy or facsimile of this Authorization and Release shall be valid as the original.

Signature: _____

Date: _____

Printed Name: _____