



ELKO COUNTY HUMAN SERVICES
 571 Idaho Street
 Elko, NV 89801

This application must be completed in full. All statements will be subject to verification.

1. Position Applying for (Give exact title as listed on job posting)

2. Name: Last	First	M.	Telephone: (Home)
			Work or message:

3. Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

4. U.S. Military Record Month/Day/Year

Branch of Service: _____ Enlistment Date: _____ Discharge Date: _____ Type of Discharge: _____

5. Are you now employed with Elko County as a permanent or probationary employee?
 If yes please state in which department you are employed. _____ Yes _____ No

6. Have you previously been employed by the County of Elko? If so what was your job title?
 _____ Yes _____ No

7. Have you ever been fired or forced to resign from previous employment?
 Please explain the circumstances and list date on a separate piece of paper. _____ Yes _____ No

8. All applicants who are offered a position of employment with the County of Elko must successfully pass a background check prior to employment. Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements. **Do not include:** (a) Any arrest or detention that did not result in conviction, (b) Any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated, (c) Traffic violations. If you answered YES to the above questions, attach an additional sheet and give (1) the date, (2) the charge or offense, (3) the City and State, (4) the court, and (5) the action taken. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

Have you ever been convicted as an adult of a crime other than a minor traffic violation? _____ Yes _____ No

9. Language Ability – Please check those that indicate your ability.

_____ Spanish	_____ Other
_____ Understand	_____ Understand
_____ Speak	_____ Speak
_____ Read & Write	_____ Read & Write

10. Do you possess a valid Driver's License _____ YES _____ NO

Class "A" Number _____

Class "B" Number _____

Class "C" Number _____

Standard Driver's License

11. Computer Proficiency (See additional sheet for more room)

COMPUTER SKILLS	NAMES OF PROGRAMS
_____ Word Processing	_____
_____ Spreadsheet	_____
_____ Database	_____
_____ Programming	_____

Keyboarding Words Per Minute _____

12. Title & Number of licenses, certificates or other credentials.

Title: _____

License, Certificate or other credentials: _____

Number: _____ Exp. Date: _____

13. Education (Check Highest Grade Completed)

High School: 8 9 10 11 12 G.E.D. College: 1 yr. 2 yr. 3 yr. 4 yr. Graduate Work? YES NO

Colleges / Universities Attended	Location	Units Semester	Units Quarter	Major Subject	Degree	Number of yrs. attended

Resumes will not be accepted in place of a completed application, they may be attached in addition to the Employment Application.

14. EMPLOYMENT HISTORY

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job posting announcement. Show employment for at least the last 10 years and explain any gaps in time. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates etc. Additional sheets should be attached to this application when necessary to fully describe related experience, training, and education.

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER: _____
(Street, City, State & Zip)

Dates Employed: Mo/Day/Year From: To:		Description of Duties:	Job Title:
Total Months	Hrs. Per Week	Name and Title of Supervisor:	May we contact this employer? ____ YES ____ NO
____ Hourly ____ Weekly ____ Month Salary:		Reason for leaving:	Phone Number:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER: _____
(Street, City, State & Zip)

Dates Employed: Mo/Day/Year From: To:		Description of Duties:	Job Title:
Total Months	Hrs. Per Week	Name and Title of Supervisor:	May we contact this employer? ____ YES ____ NO
____ Hourly ____ Weekly ____ Month Salary:		Reason for leaving:	Phone Number:

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER: _____
(Street, City, State & Zip)

Dates Employed: Mo/Day/Year From: To:		Description of Duties:	Job Title:
Total Months:	Hrs. Per Week	Name and Title of Supervisor:	May we contact this employer? ____ YES ____ NO
____ Hourly ____ Weekly ____ Month Salary:		Reason for leaving:	Phone Number:

15. REFERENCES

List the name and telephone number of three business / work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship	Telephone	No. of yrs. known

16. CERTIFICATE OF APPLICANT (Please read carefully before signing)

I hereby certify that all statements made in this application are true and correct. I understand this application will be used in determining my qualifications. I authorize the investigation of all matters contained in this application. I agree and understand any mis-statement or omission of material fact on this application will cause forfeiture, on my part, of all rights of employment with Elko County. I further agree to be fingerprinted, submit to an Alcohol & Drug test and / or a complete medical examination and to furnish such proof of meeting the conditions of employment as may be required.

____ (initials) I understand the County may check my credit or other public records. By initialing this box, I request to review copies of these records if they are obtained.

 Signature of Applicant

Date



COUNTY OF ELKO
APPLICATION and EXAMINATION PROCESS

APPLICATIONS: Applications for employment are accepted only during a time of recruitment. When a final filing date is indicated, a completed "Elko County Application for Employment" form must be received by the Personnel Department before 5:00 PM of the closing date. The application must be filled out completely and clearly showing that the minimum requirements are met. Applicants are invited to submit a letter of interest and professional resume **in addition** to the completed application.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND INVESTIGATION: An applicant's acceptability for any examination must be based on the information on his / her application. The application and attachments, once submitted, cannot be returned. Thorough background investigations will be conducted prior to employment.

ALCOHOL / DRUG TEST, MEDICAL, and / or FINGERPRINT REQUIREMENTS: All prospective safety sensitive employees shall have a pre-employment Alcohol / Drug test. A medical screening may be required before appointment to a position. Fingerprinting will be required for certain positions within the County.

EQUAL OPPORTUNITY: The County of Elko is an equal opportunity employer, observing Federal, State and Local laws regarding discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

SELECTION PROCESS: All applicants who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process, rather, the County reserves the right to determine the number of best qualified applicants that may continue the process. The process may include, but is not limited to, one or more of the following: application review, competitive screening, written, examination, performance examination and/or oral examination as well as the probationary period.

PROBATIONARY PERIODS: If hired, you will serve a "Probationary Period." This "job tryout" is the last part of the examination and lasts at least six (6) months and may, depending on the job, last up to one (1) year. Discharge for any non-discriminatory reason may be made during this period without right to appeal.

DISABLED APPLICANTS who require special testing arrangements should contact the Personnel Department prior to the filing deadline.

THE PROVISIONS OF THIS BULLETIN DO NOT CONSTITUTE AN EXPRESSED OR IMPLIED CONTRACT; ANY PROVISIONS HERIN MAY BE MODIFIED OR REVOKED WITHOUT NOTICE.



COUNTY OF ELKO
AUTHORIZATION TO RELEASE INFORMATION

I have applied for a position with Elko County. I understand and agree that part of the employment decision process is an investigation and verification of information I have provided or will provide in my application for employment and during my employment interviews. I understand these investigations will be conducted by Elko County and / or its authorized agents to assist Elko County in determining my qualification for the position I am seeking.

I request and authorize you to furnish the County of Elko, or its designated representatives, any and all personnel records and information, whether or not such information is maintained by you in writing that you may have including my work record, performance evaluations, and disciplinary matters. Such information shall include but not be limited to all of the circumstances surrounding any termination / cessation of my employment with you or with any other employer. This release shall supersede any agreement I might have with you to not disclose information concerning my employment.

I release and hold harmless you, your officers, and employees, the Court of Elko and it officers and employees from any and all liability and damage, which may result from furnishing the information requested above.

This authorization is a continuing one; if I am hired by Elko County, it shall remain in effect during the entire period of my employment and may be used by Elko County at any time it deems appropriate.

I further agree that a copy of this release may be treated as conveying the same authority as the signed original.

Applicant's Name (Please print): _____

Applicant's Signature: _____

Date: _____

Position Sought: _____