

APPLICATION FOR EMPLOYMENT AI B=7 =D5 @7 CI FH'CITY OF SPARKS, NEVADA Sparks Municipal Court 1450 C Street, Sparks, NV 89431 Attn: Court Administrator

.....An Equal Opportunity Employer

Title of Job Announcement: NOTE: A resume may be submitte					
Personal Profile					
First Name		Middle Initial		Last Name	_
Former Last Names – If Applicable					
Mailing Address			City	State Zip	_
() Home Phone		(<u>)</u> Alternate Pho	ne		
Do you possess a valid driver's licens	se? Yes No	State	Class		
Can you, after employment, submit p					
•	this question may no	ot necessarily disqu	traffic citations? Include drunk driving ualify you from consideration for emplo explanation.	•	
Are you orally fluent in any languages	s other than English?	? Yes No _	If Yes, which ones?		_
			lo If Yes, which ones?		
Are you related to any City of Sparks	employee? Yes _	No If y	es, please provide the following inform	ation:	
Name of employee		Dep	partment R	elationship	_
Applications are occasionally shared	with other public age	encies. May we sha	are your application? Yes No		
Education					
Name & Location of Colleges or Trade Schools Attended	College Minor/Major or Major Course of Study		Semester Credits Completed	Degree Received	
					_
Certificates & Licenses					
Туре	Issued By		Date Issued	Expiration Date	
List any other specific job related experience, military experience or an operate, office equipment, etc. Pleas	v other experience	gained from emplo	experience that qualifies you for this yment or life experience such as comple numbers of years in each.	s position. You may include volu buters, typing speed, machinery you	nteer u can
431 Prater Way, SPARKS, NV 89431 ease complete the top two lines of this section.		OPTIONAL APPLICANT TRACKING FORM – Complete Both Sides To further our commitment to Equal Employment Opportunity, we request your cooperation in voluntarily providing the following information essential to the success of our program. The information will be detached from the application and used by Human Resources for research and statistical purposes only. Federal and state laws prohibit discrimination in employment on the basis of race, color, religion, sex or national origin, age or disability.			
is verifies that the application of:		☐ White: (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East. ☐ Black : (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.			
RINT) LAST NAME FIRST NAME M.I.		Hispanic or Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.			
r the position of: TITLE OF POSITION		Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, (example China, India, Japan, and Korea).			
as been received by the human resources divisi		☐ Pacific Islander: Persons having origins in any of the original peoples of the Hawaiian Islands or the Pacific Islands (example, Hawaii, Philippine Islands and Samoa). ☐ American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.			
eceived by: Human Resources Staff Signature		America, and who	maintain cultural identification through tril taces: Persons having origins from more	છ્યા aπıllation or community recognition than one of the above categories.	1.

Employment History List all employment within the last ten years, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORKING BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any experience relevant to the position for which you are applying (e.g., volunteer work, military experience, experience gained over last ten years.) Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the City is seeking. May we contact your present employer? Yes ___ __No **EMPLOYER:** SUPERVISORS NAME: **EMPLOYMENT DATES:** TΩ PHONE: **HOURS WORKED PER WEEK:** () ADDRESS: **ENDING SALARY:** CITY: STATE: ZIP: **REASON FOR LEAVING:** DUTIES: TITLE: **EMPLOYER: Supervisors Name: Employment Dates:** to Phone: **Hours Worked Per Week:** Address: **Ending Salary:** City: State: Zip: Reason for Leaving: **Duties: EMPLOYER:** TITLE: Supervisors Name: **Employment Dates:** Hours Worked Per Week: Phone: Address: **Ending Salary:** City: State: Zip: Reason for Leaving: **Duties:** References List three business references that have direct knowledge and experience of your work skills: (Name/Title/Address/Phone) Name: Name: Name: Title: Title: Title: Phone: Phone: Phone: Address: Address: Address: Certificate of Applicant Please read the following carefully before signing and dating this application form I hereby certify that all statements made in this application are true and I understand any false statement of material facts herein may cause my forfeiture to any employment with the City of Sparks. I authorize the City of Sparks to obtain information relating to my previous employment, education, criminal or personal history records and in the case of a bona fide occupational requirement, medical records. I agree to release to the City of Sparks, its agents and employees from liability for the obtaining and use of information from these sources or developed as a result of contacting these sources. I hereby release all employers, schools, or persons from all liability in responding to inquiries in connection with my application. 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 regardless of length of employment. I understand neither this document nor any offer of employment from the City of Sparks constitutes an employment contract unless a specific written document to that effect is executed between the City of Sparks and me. I understand that to be considered for employment with the City of Sparks, I must submit to a controlled substance screening after a contingent offer of employment is made. I hereby consent to testing and authorize the disclosure of the results to the City of Sparks. SMC 01/12 Signature: _ ___ Date: __ **Applicant Tracking Form** (continued) Are you over the age of 18? ☐ Yes □ No Submit Application to: ■ Male ☐ Female Heidi Shaw, Court Administrator How did you learn of this employment opportunity? (Please Check One) Sparks Municipal Court ☐ City Job Hotline ☐ City Employee 1450 C Street ☐ Employee Referral ☐ City Of Sparks Website Sparks, NV 89431 ☐ GovernmentJobs.com ☐ Reno Gazette Journal

☐ Jobs Available Publication

☐ Other:

☐ Walk In

☐ California Job Journal☐ Other Internet Site