



EMPLOYMENT APPLICATION

THE CITY OF WEST WENDOVER IS AN EQUAL OPPORTUNITY PROVIDER

City of West Wendover • 1111 N. Gene L. Jones Way – P.O. Box 2825 • West Wendover, Nevada 89883

Phone: (775) 664-3081 Fax: (775) 664-3720

Review the minimum qualifications listed on the job announcement. If you feel you qualify, complete this application. **BE THOROUGH AND FILL IN ALL ITEMS.** Your answers will determine whether or not you will continue in the screening process. Your completed application, together with all supplementary materials specified on the job announcement, must be received by the City of West Wendover Personnel Office no later than 4:30 p.m. on the closing date specified on the job announcement. Incomplete, undated or unsigned applications will not be processed. We are not liable for materials lost or delayed in the U.S. Mail. *Faxed applications are accepted, unless the recruitment is limited. City of West Wendover fax number is (775) 664-3720.*

PRINT IN BLACK INK OR TYPE & SIGN ON THE LAST PAGE

Position Applied for: _____ Job Code Number: _____

Name: _____
Last First Middle

Address: _____
Mailing & Physical City State Zip

Telephone: () - _____ Cellular/Beeper #: () - _____

Are you currently employed by the City of West Wendover? No Yes

Have you previously worked for the City of West Wendover? No Yes

If "Yes," give dates. From: _____ To: _____

Are you a Nevada PERS retiree? No Yes

Do you have any relatives employed by the City of West Wendover? No Yes

If "Yes," give name and relationship:
Name: _____ Relationship: _____

Do you have the legal right to work in the United States? No Yes

Other than a minor traffic violation, have you ever been convicted of any offense? No Yes
Please include date of conviction, city, and state. DUI and reduction of DUI convictions **must** be included. (Conviction of a crime is not necessarily a bar to employment.) If "Yes," please explain:

Do you possess a valid driver's license? No Yes If "Yes," complete the following:

Type of License: _____ License #: _____

* If Commercial, state type with endorsements.

Issuing State: _____ Expiration Date: _____

EDUCATION

When claiming college, business, or vocational school credits for meeting minimum qualifications, you may be required to submit a copy of your degree or a legible photocopy of your up-to-date transcript with this application. Failure to do so may delay processing or disqualify your application. All papers submitted become the property of the City of West Wendover Personnel Office and cannot be returned.

Do you have a high school diploma? No Yes If “Yes,” attach copy of diploma

School Name: _____

Location: _____

If “No,” do you have a GED certification? No Yes attach copy of certificate/diploma

If “No,” indicate highest grade completed: _____

LIST COLLEGES/UNIVERSITIES ATTENDED AND ANY SPECIAL TRAINING RECEIVED

College Name & Location	Date From (Mo/Yr)	Date To (Mo/Yr)	Field of Study	Credit Hours Completed	Degree or Certificate (attach certified transcripts and/or copies of diplomas)
			Major: Minor:		
			Major: Minor:		
			Major: Minor:		
Business/Trade School	From (Mo/Yr)	To (Mo/Yr)	Subject		Certificate

LIST ANY OTHER VALID LICENSES AND CERTIFICATES YOU HOLD:

Type of License or Certificate Issuing State Registration Number Expiration Date

FOREIGN LANGUAGES: Please note your knowledge of any foreign languages and indicate your level of competence in each by placing an "X" in the appropriate column:

LANGUAGE	SPEAKING (1)			UNDERSTANDING (2)			READING (3)			WRITING (4)		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE

On the following sheets, list the employers, assignments or volunteer activities that you have held, starting with your most recent one. THIS SECTION MUST BE COMPLETED IN DETAIL. PROVIDE A MINIMUM OF 10 YEARS' WORKING EXPERIENCE AND DO NOT LEAVE ANY GAPS IN EMPLOYMENT. FAILURE TO DO SO MAY DELAY PROCESSING OR DISQUALIFY YOUR APPLICATION. YOU ARE ENCOURAGED TO ATTACH A RESUME IF YOU WISH, BUT REFERENCE TO A RESUME IN LIEU OF COMPLETING THIS SECTION CANNOT BE ACCEPTED. Under "Work Performed" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibility. If reference is made to military service, describe each different assignment (DD214 must be attached). If you wish to add more experience or wish to add more detail to the "Work Performed," please complete and attach an Experience Addendum Sheet. Jobs and/or volunteer experience listed may require verification.

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

How did you learn about this position?

- (NW) Newspaper, Magazine, or Journal—Which one? _____
- (CO) Community Organization—Which one? _____
- (SC) School/College Placement Office—Which one? _____
- (RT) Radio or TV Station—Which one? _____
- (SE) State Employment Department
- (HR) City Human Resources Department
- (EM) City Employee
- (FR) Friend or Relative
- (IN) Internet
- (OT) Other (please specify) _____

This application will be used for one position only. If you wish to apply for other positions with the City of West Wendover, submit an application for each position. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be the entire examination process, your failure to provide complete information could delay or even disqualify you from consideration. It is your responsibility to notify the Personnel Office, in writing, of any changes in address or phone number.

I certify that the statements made by me on this application are, to the best of my knowledge, true, complete and correct. If employed, I understand that any misrepresentation or material omission of fact on this or any other document required by the City may be considered as constituting grounds for disqualification and/or dismissal. I further understand that any offer of employment is subject to successful completion of a physical examination (including drug screening) and background investigation. Additionally, any individual offered employment may be required to demonstrate the ability to perform the physical requirements of the job. I therefore authorize the City's assigned doctor to release to the City any information regarding my physical examination and/or pre-employment screening. Having applied for employment with the City of West Wendover, I do hereby agree and do give my consent that any person, firm or organization listed hereon is authorized to furnish the City with personal or reference material concerning my character, past employment or any other information they so request. In addition, I do hereby agree and give my consent for the City to conduct an investigation of my credit history. I further agree and hereby give my consent for the City to furnish any statistical data regarding this application that may be required for compliance with the Equal Employment Opportunity guidelines.

Signature _____ Date _____

EXPERIENCE ADDENDUM

Under "Work Performed" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibility. If reference is made to military service, describe each different assignment (DD214 must be attached). Jobs and/or volunteer experience listed may require verification.

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

FROM (Mo/Yr): TO (Mo/Yr):	EMPLOYER:
JOB TITLE:	TELEPHONE # and ADDRESS:
IMMEDIATE SUPERVISOR:	NATURE OF WORK PERFORMED/RESPONSIBILITIES:
TITLE:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SALARY:	REASON FOR LEAVING:

Signature _____ Date _____

OPTIONAL
EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is necessary for the City of West Wendover to evaluate its recruiting and hiring practices and to prepare reports required by law for the State and Federal Government. This information will be used solely for research and statistical purposes and in no way affects any employment decision. Your **voluntary** cooperation will be appreciated. Please check the appropriate box beside Male or Female, and under ethnic categories, check the one that most nearly describes your ethnic background. **Please print or type.**

Position Applied for: _____ Job Code: _____

Name: _____
Last First Middle

Gender: Female Male Date of Birth: _____ / ____ / ____
Month Day Year

"AMERICAN NATIVE OR ALASKAN NATIVE" includes persons having origins in any of the original peoples of America.

"ASIAN or PACIFIC ISLANDERS" includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (example: China, Japan, Korea, the Philippine Islands and Samoa.)

"AFRICAN AMERICAN" includes persons having origins in any of the Black racial groups.

"HISPANIC" includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish descent.

"WHITE" includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent.

Check Only One Box

American Native or Alaskan Native (I)	Asian or Pacific Islanders (A)	African American (B)	Hispanic (H)	White (W)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you require reasonable accommodations during the application and/or testing process? No Yes

If yes, please identify your need:
