

INSTRUCTIONS:

EMPLOYMENT APPLICATION

1. Print Application
2. Complete Employment Application
3. Attach copy of current driver's license, DMV printout, and relevant certifications
4. Return to the District Office

**Central Lyon County Fire Protection District
231 Corral Drive
Dayton, NV 89403
(775) 246-6209**



231 Corral Dr.
Dayton, NV 89403
(775) 246-6209

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name:

Date:

Mailing Address:

Physical Address:

City:

State:

Zip Code:

Telephone: ()

E-mail Address:

Cell Phone: ()

Are you a current District employee? Yes No If Yes, what department?

Position Applied For:

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand the job requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodations? Yes No

If offered employment, when can you be available to begin? _____

What type of employment will you accept? Full-time Part-Time Temporary

Will you be available for shift work and work weekends/holidays if necessary? Yes No

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No School Name:

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

For positions which require a high school graduation or GED or a college degree, a copy of the high school diploma/GED certificate or college diploma may be required.

LICENSES

ATTACH COPIES of driver's license and other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

List any special skills you possess and/or equipment or office machines you can operate.

OTHER INFORMATION

If you are not a current District employee, have you previously worked for the District?

Yes No When?

Is a relative of yours currently employed by the District? Yes No Name:

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes No A conviction or guilty plea will not necessarily disqualify you for this job. If yes, list all such offenses and provide date, name of court, and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

Have you ever been disciplined in your employment related to workplace violence? Yes No If yes, please explain:

Do you presently use illegal drugs? Yes No

After an offer of employment, can you submit verification of your legal right to in the United States?

Yes No

EMPLOYMENT HISTORY

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position -- even though with the same organization. List only employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets if necessary. Do **NOT** use references such as "See Resume" in place of completing this section.

May we contact all employers listed? Yes No (Attach a list of any exceptions with an explanation.)

Present Employer: Present Position:
Address: From (Mo. /Yr.) To (Mo. /Yr.)
City, State, Zip: Full-Time (30 + hrs. /wk.) Part-Time (< 30 hrs. /wk.)
Supervisor's Name/Title: Telephone: Salary:
Related Duties:

Reason for Leaving:

Present Employer: Present Position:
Address: From (Mo. /Yr.) To (Mo. /Yr.)
City, State, Zip: Full-Time (30 + hrs. /wk.) Part-Time (< 30 hrs. /wk.)
Supervisor's Name/Title: Telephone: Salary:
Related Duties:

Reason for Leaving:

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Supervisor's Name/Title: Telephone: Salary:
Related Duties:

Reason for Leaving:

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application. You may use a separate sheet of paper if needed.

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 questions, contact the Central Lyon County Fire District Office.

- _____ 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 Central Lyon County Fire District and will become part of my personnel file if I am hired.
- _____ I authorize the Central Lyon County Fire District to contact any employer or individual that I have listed on my employment application and/or resume or mentioned in job interviews 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 Central Lyon County Fire District. In addition, I authorize Central Lyon County Fire District to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires a vehicle, I authorize Central Lyon County Fire District 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 Central Lyon County Fire District to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.
- _____ I further understand this consent will apply during the entire course of my employment with Central Lyon County Fire District should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.
- _____ In exchange for Central Lyon County Fire District’s consideration of my employment application, and /or any continued employment with Central Lyon County Fire District, I authorize anyone possessing information to furnish it to Central Lyon County Fire District upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Central Lyon County Fire District, 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 or emotional distress, and interference with current or prospective economic relations.
- _____ 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 Central Lyon County Fire District. 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 from nor any offer of employment from Central Lyon County Fire District constitutes employment contract unless a specific contract document to that affect is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

“Central Lyon County Fire District is an equal opportunity provider”