



EMPLOYMENT APPLICATION

Date Received

City of Fallon
55 West Williams Ave.
Fallon, Nevada 89406
Clerk's Office (775) 423-5104
Fax (775) 423-8874

Applicants are considered for all positions without regard to race, color, religion, creed, gender, National origin, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position Applied For _____ Date of Application _____
 Full-Time Part-Time

NAME _____

ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

LAST 4 OF SOC. SEC. NUMBER _____ DRIVER'S LICENSE STATE & NUMBER _____

Have ever filed an application with us before? **Yes No** If yes, when _____

Have you been previously employed by the City of Fallon? **Yes No** If yes, when _____

Do you have any relatives employed by the City of Fallon? **Yes No**

If yes, please provide name(s), relationship and department they are employed in: _____

Are you eligible to work in the United States? **Yes No** Verification will be required prior to employment.

Emergency Contact _____ Phone Number _____

RESIDENCES – Beginning with your current address, list chronologically all residences over the past 15 years.

Street Address _____ City _____ State _____

Dates From _____ To _____

Street Address _____ City _____ State _____

Dates From _____ To _____

Street Address _____ City _____ State _____

Dates From _____ To _____

(Attach additional pages if necessary)

EMPLOYMENT HISTORY - List chronologically, starting with the most recent, all present and past employers within the past 15 years. Include part-time and self-employment. For any unemployed periods, show dates. If additional space is needed, attach to this application.

Employer Name:		Phone Number (including area code)	
Address (including Zip Code)		Start Date	Ending Date
City		State	Zip Code
Job Title		Starting Salary \$	Ending Salary \$
Supervisors Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes No If yes, explain:			

Employer Name:		Phone Number (including area code)	
Address (including Zip Code)		Start Date	Ending Date
City		State	Zip Code
Job Title		Starting Salary \$	Ending Salary \$
Supervisors Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes No If yes, explain:			

Employer Name:		Phone Number (including area code)	
Address (including Zip Code)		Start Date	Ending Date
City		State	Zip Code
Job Title		Starting Salary \$	Ending Salary \$
Supervisors Name		Work Performed	
Reason for Leaving			
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes No If yes, explain:			

REFERENCES - Give at least three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group.

Business/Professional References – (Supervisors and/or Co-Workers are Acceptable)			
1.			
	Name	Business Name	Address
2			
	Name	Business Name	Address
3			
	Name	Business Name	Address
Personal References-(Known for at Least 5 Years)			
1.			
	Name		Address
2			
	Name		Address
3.			
	Name		Address

SOCIAL SITE INFORMATION

Do you currently have a profile with any social websites? **Yes No** If yes, indicate below.

- Twitter
- Instagram
- Facebook
- Other Sites _____

EDUCATIONAL HISTORY - Submit a copy of your high school diploma, GED, college diploma and professional certifications

High School	09 10 11 12	
College	Hours	Degree
College	Hours	Degree
Graduate, Professional, Business, or Trade School	Hours	Degree/Certificate

Job related licenses, certifications, trainings or skills _____

TRAFFIC HISTORY - In the past ten (10) years, have you received any traffic or parking citations? **Yes No**
 Has your driver's license ever been suspended or revoked? **Yes No** If yes, please provide the following information:

Date	Charging Agency	Violation	Guilty Not Guilty Paid Fine	Details
Explanations:				

Have you ever been licensed in another state? If so, which states? _____

ARREST HISTORY - Have you ever been convicted of a Misdemeanor or Felony Offense? **Yes No** If yes, provide the following information:

Date	Charging Agency	Violation	Sentencing Details
Additional explanation:			

Have you ever been a part to any civil action in Justice Court, District Court or Federal Court? (Example-Small Claims, Divorce, Bankruptcy, Lawsuit) **Yes No** If yes, provide details.

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? **Yes No**

Branch of Service _____ Dates Served _____ Type of Discharge _____

Are you currently a member of the National Guard or other Reserve Unit? _____

While serving in the military, did you receive any discipline, court martial, or company punishment? **Yes No**

If yes, explain: _____

ATTACH COPY OF YOUR DD-214

AUTHORITY TO RELEASE INFORMATION THIS FORM MUST BE SIGNED!

Read the following release form carefully and enter your signature and the date in the designated spaces.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the City of Fallon, Nevada. The City needs to investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the City of Fallon.

I hereby authorized any representative of the City of Fallon bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Fallon, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Fallon to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of organization, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Fallon regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Fallon's acceptance and processing of my application for employment, I agree to hold the City of Fallon, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Fallon. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Fallon in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name _____

Signature _____

Date _____