



**City of Fallon**  
 55 West Williams Ave.  
 Fallon, Nevada 89406  
 (775) 423-5104  
 Fax (775) 423-8874

Date Received
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## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

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

Position: \_\_\_\_\_ Date of Application \_\_\_\_\_

Full-Time

Part-Time

Name \_\_\_\_\_  
 Last First MI

Address \_\_\_\_\_  
 Street Apartment/Unit#  
 \_\_\_\_\_  
 City State Zip

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License State \_\_\_\_\_ Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you eligible to work in the United States? Verification will be required prior to employment.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City of Fallon?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, when?			
Do you have any relatives employed by the City of Fallon?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, name, relation, department:			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain:			

Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060 (2) states preference must be given, if qualifications of applicants are equal: a) first, to a honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**RESIDENCES** – Beginning with your current address, list chronologically all residences over the past 10 years.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

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**

Beginning with your current employer, list chronologically all 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.

Dates from \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Dates from \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Dates from \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

### EDUCATIONAL HISTORY

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

High School	Grade level completed	Diploma or GED Yes No
College	Hours	Degree
College	Hours	Degree
Graduate, Professional, Business, or Trade School	Hours	Degree/Certificate

Please state below any other information that would be helpful in determining your qualifications for this position. Including job related licenses, certifications, trainings or skills. Do Not write "See Resume".

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### REFERENCES

Give at least three (3) professional references, not relatives, who have known you well during the past five (5) years, and three (3) personal references (not relatives).

Business/Professional References – (Supervisors and/or Co-Workers are Acceptable)				
<b>1.</b>	Name		Phone#	( )
	<b>Business</b>		Business Relation	
<b>2</b>	Name		Phone#	( )
	<b>Business</b>		Business Relation	
<b>3</b>	Name		Phone#	( )
	<b>Business</b>		Business Relation	
Personal References-(Known for at Least 5 Years)				
<b>1.</b>	Name		Phone#	( )
	Relationship		Length of Relationship	
<b>2</b>	Name		Phone#	( )
	Relationship		Length of Relationship	
<b>3.</b>	Name		Phone#	( )
	Relationship		Length of Relationship	

**SOCIAL SITE INFORMATION**

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

- Twitter
- Facebook
- Instagram
- Other Sites \_\_\_\_\_

**TRAFFIC HISTORY**

In the past ten (10) years, have you received any traffic 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
<b>Explanations:</b>				

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

**AUTHORITY TO RELEASE INFORMATION**

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 authorize 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 personal 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 \_\_\_\_\_