



**NEVADA ASSOCIATION  
OF COUNTIES (NACO)**

304 S. Minnesota Street  
Carson City, NV 89703  
Telephone (775) 883-7863  
Fax (775) 887-2057

**EMPLOYMENT APPLICATION**  
**An Equal Opportunity Employer**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone(s) Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Position Applied for \_\_\_\_\_

How did you hear about this position?  Advertisement  Walk-In  Referral (by whom?) \_\_\_\_\_

Other (explain) \_\_\_\_\_

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

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 accommodation?.....  Yes  No

After an offer of employment, can you submit verification of your legal right to work in the United States? .....  Yes  No

List other names, if any, you have used. \_\_\_\_\_

**EDUCATION RECORD**

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

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				

Applicant's Name \_\_\_\_\_

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**LICENSES** (Optional, unless required for the position for which you are now applying.)

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List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

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Answer only if position requires.

Do you possess a valid driver's license?.....  Yes  No

In addition to English, list any other language abilities you possess.

Verbal fluency in \_\_\_\_\_

Written fluency in \_\_\_\_\_

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**OTHER INFORMATION**

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Have you ever been disciplined in your employment related to workplace violence? .....  Yes  No

If yes, please explain.

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Have you ever been employed by NACO? .....  Yes  No

If yes, please provide the following information:

Department \_\_\_\_\_ Position Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Separation \_\_\_\_\_

Are you related to anyone who is currently employed by NACO? .....  Yes  No

If yes, please provide the following information:

Related person's name \_\_\_\_\_ Department \_\_\_\_\_

Relationship \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

**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 positions in order held, beginning with the most recent. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do NOT use references such as "See Résumé" in place of completing this section.

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

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

Reason for Leaving \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Applicant's Name \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

**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 any questions, please email Amanda at [info@nvnaco.org](mailto:info@nvnaco.org).

\_\_\_\_\_ 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 NACO and will become part of my personnel file if I am hired.

\_\_\_\_\_ 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 NACO. 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 nor any offer of employment from NACO constitutes an employment contract unless a specific contract document to that effect 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 as part of this application.

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

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_