CLARK COUNTY APPLICATION FOR PART-TIME EMPLOYMENT

CLARK COUNTY HUMAN RESOURCES

500 S. GRAND CENTRAL PKWY 3RD FLOOR

PO BOX 551791

LAS VEGAS NV 89155-1791

PHONE: (702) 455-4565

FAX: (702) 455-2253

INSTRUCTIONS FOR COMPLETING THIS PART-TIME APPLICATION

Any modification or re-creation of Human Resources official application will result in the application being rejected.

1. You must turn in a separate application for each job you want to apply for.
2. Print (black or blue ink), or type your information onto the application. If those reviewing your application can not read your writing you may not get credit for your experience.
3. Describe each job you list in detail and completely. Those reading your application may not understand what you have done in other jobs unless you explain exactly what your duties were.
4. Your application and any other paperwork you need to submit, certificates, etc., must be received by 5:00 p.m. on the closing date listed at the top of the job announcement.
5. Human Resources does not provide copies of applications or any other documents you submit. You need to make copies before you turn in your application package.

www.accessclarkcounty.com

CLARK COUNTY APPLICATION FOR PART-TIME EMPLOYMENT

500 SOUTH GRAND CENTRAL PARKWAY, PO BOX 551791, LAS VEGAS, NV 89155-1791 (702) 455-4565

NOTE: ANY MODIFICATION OR RE-CREATION OF HR'S OFFICIAL APPLICATION OR SUPPLEMENTAL WILL RESULT IN THE APPLICATION BEING REJECTED.

POSITION YOU ARE APPLYING FOR: _____ EXAM #: _____

PERSONAL PROFILE

NAME: LAST _____ FIRST _____ MI _____

OTHER NAMES USED: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

AFTER OFFER OF EMPLOYMENT, CAN YOU, SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

DRIVER'S LICENSE: STATE: _____ CLASS: _____ ENDORSEMENT: _____

ARE YOU AN HONORABLY DISCHARGED VETERAN? ☐ YES ☐ NO *(IF "YES", YOU MUST SUBMIT A COPY OF YOUR DD-214 MEMBER-4 FORM WITH THIS APPLICATION STATING YOUR DISCHARGE WAS "HONORABLE")*

MARK ALL OF THE WORKING CONDITIONS YOU WILL ACCEPT:

☐ PERMANENT ☐ TEMPORARY ☐ WEEKENDS ☐ PART-TIME ☐ NIGHTS

ARE YOU CURRENTLY EMPLOYED BY THE COUNTY? ☐ YES ☐ NO *(IF "YES", COMPLETE THE FOLLOWING)*

TITLE: _____ DEPARTMENT: _____ DIVISION: _____

STATUS: ☐ PERMANENT ☐ PART-TIME ☐ TEMPORARY

DO YOU HAVE ANY RELATIVES WORKING FOR CLARK COUNTY? ☐ YES ☐ NO
IF YES, COMPLETE THE FOLLOWING:

NAME: _____ DEPARTMENT: _____ RELATIONSHIP: _____

EDUCATION

YOUR HIGHEST LEVEL OF EDUCATION:	☐ Some High School	☐ Some College	☐ Bachelor's Degree
	☐ Certificate of Attendance	☐ Technical College	☐ Master's Degree
	☐ High School, GED	☐ Associate's Degree	☐ Doctorate

High School (name/city/state):	Graduated: ☐ Yes ☐ No	GED: ☐ Yes ☐ No	Certificate of Attendance: ☐ Yes ☐ No
Junior College (name/city/state):	Graduated: ☐ Yes ☐ No	# Credits Completed:	Major:
College/University (name/city/state):	Graduated: ☐ Yes ☐ No	# Credits Completed:	Major/Minor:
College/University (name/city/state):	Graduated: ☐ Yes ☐ No	# Credits Completed:	Major/Minor:
Trade/Vocational (name/city/state):	Certificate Received: ☐ Yes ☐ No	Date Received:	Area of Study:

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POSITION YOU ARE APPLYING FOR: _____ EXAM #: _____

EXPERIENCE: STARTING WITH YOUR MOST RECENT JOB, INCLUDE ALL EMPLOYMENT. LIST ALL YOUR WORK/VOLUNTEER EXPERIENCE THAT QUALIFIES YOU FOR THE JOB YOU ARE APPLYING FOR. HUMAN RESOURCES WILL DETERMINE WHETHER OR NOT YOU MEET THE MINIMUM QUALIFICATIONS FOR THE JOB BASED ON YOUR EXPERIENCE AS YOU DESCRIBE IT ON YOUR APPLICATION. **DO NOT SUBSTITUTE A RESUME, OR WRITE "SEE ATTACHED RESUME" FOR THIS APPLICATION, AS INFORMATION ON YOUR RESUME WILL NOT BE CONSIDERED.**

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EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

1. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK: _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE: (MO/YR) _____ END DATE: (MO/YR) _____

DUTIES: _____

_____

_____

_____

_____

REASON FOR LEAVING: _____

2. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK: _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE: (MO/YR) _____ END DATE: (MO/YR) _____

DUTIES: _____

_____

_____

_____

_____

REASON FOR LEAVING: _____

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POSITION YOU ARE APPLYING FOR: _____ EXAM #: _____

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EMPLOYMENT HISTORY *(CONTINUED)*

3. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK: _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE: (MO/YR) _____ END DATE: (MO/YR) _____

DUTIES: _____

_____

_____

_____

_____

REASON FOR LEAVING: _____

4. COMPANY/AGENCY NAME: _____

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____ HOURS WORKED PER WEEK: _____

POSITION/TITLE: _____ SUPERVISOR: _____

START DATE: (MO/YR) _____ END DATE: (MO/YR) _____

DUTIES: _____

_____

_____

_____

_____

REASON FOR LEAVING: _____

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NOTE: ANY MODIFICATION OR RE-CREATION OF HR'S OFFICIAL APPLICATION OR SUPPLEMENTAL WILL RESULT IN THE APPLICATION BEING REJECTED.

- *List all criminal convictions that you have on your record, that are higher than a moving violation. Please include the state, date, and disposition of each conviction. (If this does not apply, please write N/A)

***Question must be completed for application to be accepted and processed.**

I VERIFY BY MY SIGNATURE BELOW THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION MAY BE CAUSE FOR REJECTION OF MY APPLICATION OR DISCHARGE FROM EMPLOYMENT. I UNDERSTAND THAT THE COUNTY MAY MAKE INQUIRIES OF MY PREVIOUS EMPLOYERS TO VERIFY EXPERIENCE. I UNDERSTAND THAT PRIOR TO EMPLOYMENT, I MUST SHOW PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE U.S. I UNDERSTAND I MUST SUBMIT A FELONY CONVICTION RECORD FORM AT TIME OF APPLICATION. I FURTHER UNDERSTAND THAT A CONVICTION DOES NOT AUTOMATICALLY BAR ME FROM EMPLOYMENT. I UNDERSTAND THAT I MUST SUCCESSFULLY PASS A COUNTY MEDICAL EXAMINATION, CRIMINAL BACKGROUND CHECK AND A DRUG TEST WHEN REQUIRED. MY SIGNATURE BELOW AUTHORIZES CLARK COUNTY TO CONDUCT ANY AND ALL NECESSARY BACKGROUND CHECKS RELATED TO THIS POSITION.

SIGNED: _____ DATE: _____

PRINT NAME: _____