

**Employment Application**  
 (With Employee Arbitration Agreement)  
**An Equal Opportunity Employer**

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Applied For: \_\_\_\_\_  
 How did you hear about this position? Advertisement \_\_\_ Walk-In \_\_\_  
 Referral \_\_\_\_\_ (who referred) Other \_\_\_\_\_

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? Yes \_\_\_ No \_\_\_  
 Will you be available to work weekends and/or holidays if necessary? Yes \_\_\_ No \_\_\_  
 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 \_\_\_  
 To qualify for this employment, applicants must be a minimum of 18 years, unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age?  
 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: \_\_\_\_\_  
 Are you currently a State of Nevada Resident? Yes \_\_\_ No \_\_\_

**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				

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.

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**LICENSES:**

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

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

If so, license expires \_\_\_\_\_ Class \_\_\_\_\_ Restrictions (if any) \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. For positions that require typing:

I certify that I can type at a speed of \_\_\_\_\_ WPM.

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

a) Verbal fluency in \_\_\_\_\_

b) Written fluency in \_\_\_\_\_

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

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**OTHER INFORMATION**

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime, other than a minor traffic infraction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

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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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Do you presently use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by **Lincoln County**? 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 **Lincoln County**? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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**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 organization. Use additional sheets if necessary. Do **NOT** use references such as "See Resume" in place of completing this section.

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May we contact all employers listed? Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach a list of any exceptions)

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

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

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

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

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

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

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

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

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**EMPLOYMENT HISTORY (Continued)**

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

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

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

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

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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 relevant information that is not requested in this employment application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ACKNOWLEDGMENTS**

Please **READ ALL** of the following statements and **INITIAL EACH** of the areas to indicate that you have read and understand each of the statements. If you have any questions, contact the Recorder/Auditor's 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 Lincoln County and will become part of my personnel file if I am hired.

\_\_\_\_\_ I authorize Lincoln County to contact any employer or individual that I have listed on my employment application and/or resume or mentioned during job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits for job performance, or other relevant qualifications for employment and/or continued employment with Lincoln County. In addition, I authorize Lincoln County to conduct a background search which includes criminal history and military history. In addition, if the position I am applying for requires driving an employer vehicle, I authorize the employer to conduct a Department of Motor Vehicles (DMV) search. If the position to 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 Lincoln County to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

\_\_\_\_\_ In exchange for Lincoln County's consideration of my employment application, and/or my continued employment with Lincoln County, if any, I authorize possessing information to furnish it to Lincoln County upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Lincoln County, 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 of emotional distress, and interference with current or prospective economic relations.

\_\_\_\_\_ I further understand this consent will apply during the entire course of my employment with Lincoln County should I obtain such employment. I understand and agree this consent shall remain indefinitely.

\_\_\_\_\_ I understand and agree that should any dispute arise regarding or related to this application or the application process, such dispute will be resolved by way of binding arbitration. The arbitration will be conducted as described in the Employee Arbitration Agreement. Specifically, the applicant is entitled to exercise all state and federal administrative remedies available, if applicable. Once those administrative remedies have been exhausted, an arbitration process must be exercised in lieu of filing litigation in state or federal court. Lincoln County will bear the cost of any such arbitration. Each party will be required to pay its own attorney's fees and costs except to the extent that either party may become entitled to attorney's fees and costs as a statutory remedy which is available under a particular cause of action. The arbitration, including the choice of arbitrator will be governed by the Nevada Arbitration Rules.

\_\_\_\_\_

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 Lincoln County. 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 Lincoln County, 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 a 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:** \_\_\_\_\_

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