



## LINCOLN COUNTY EMPLOYMENT APPLICATION

Mailing: P.O. Box 90, Pioche, NV 89043  
Physical: 181 Main Street, Pioche, NV 89043  
(775)962-8000 telephone (775)962-5180 fax

**Lincoln County is an Equal Opportunity Provider and Employer**

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

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

Address: \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a current Lincoln County employee? ☐ Yes ☐ No If yes, which Department? \_\_\_\_\_

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Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

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How did you hear about this position? ☐ Advertisement ☐ Walk-In  
☐ Referral (by whom?) \_\_\_\_\_ ☐ 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 without reasonable accommodations?..... ☐ Yes ☐ No

Are you at least 18 years of age?..... ☐ Yes ☐ No

If no, please state your age: \_\_\_\_\_

Have you ever been employed by Lincoln County?..... ☐ Yes ☐ No

If yes, state the Department \_\_\_\_\_ and year employed \_\_\_\_\_

Are you related to anyone who is currently employed by Lincoln County? ..... ☐ Yes ☐ No

If yes, please provide the following information:

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

Are you legally eligible to work in the United States?..... ☐ Yes ☐ No

*Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.*

Have you ever been convicted of a crime (other than a minor traffic violation)?..... ☐ Yes ☐ No  
If yes, state the date, location and nature of the offense:\_\_\_\_\_

Have you ever been discharged or terminated from any place of employment?..... ☐ Yes ☐ No  
If yes, please explain:\_\_\_\_\_

**NOTE: A termination or a conviction will not necessarily disqualify you from employment. It will be considered in terms of work to be performed.**

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## EDUCATION RECORD

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Did you graduate from high school?..... ☐ Yes ☐ No

If No, did receive a GED certificate?..... ☐ Yes ☐ No

Did you graduate from college?..... ☐ Yes ☐ No

SCHOOL	NAME AND LOCATION	UNITS	MAJOR STUDY	H.S. DIPLOMA / DEGREE EARNED
High School				
College				
Trade/Business				
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 & OTHER SKILLS

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List current licenses, certifications, or registrations required for the position for which you are applying.

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

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

For positions that require typing: I certify that I can type at a speed of \_\_\_\_\_ WPM.

List any special skills you possess and/or equipment or office machines you can operate related to this position:

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## MILITARY SERVICE

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Have you ever been a member of the Armed Forces?..... ☐ Yes ☐ No

Branch\_\_\_\_\_ Rank\_\_\_\_\_ Discharge Type\_\_\_\_\_

Duties:\_\_\_\_\_

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## EMPLOYMENT HISTORY

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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. Insufficiently completed applications will not be considered.

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

☐ Full-Time (30+ hrs. /wk.)    ☐ Part-Time (<30hrs. /wk.)    Telephone: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Related Duties: \_\_\_\_\_

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

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

☐ Full-Time (30+ hrs. /wk.)    ☐ Part-Time (<30hrs. /wk.)    Telephone: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Related Duties: \_\_\_\_\_

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

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Address: \_\_\_\_\_

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

From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

☐ Full-Time (30+ hrs. /wk.)    ☐ Part-Time (<30hrs. /wk.)    Telephone: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Related Duties: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

☐ Full-Time (30+ hrs. /wk.)      ☐ Part-Time (<30hrs. /wk.)      Telephone: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Related Duties: \_\_\_\_\_

\_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

From (Mo. /Yr.) \_\_\_\_\_ To (Mo. /Yr.) \_\_\_\_\_ Salary: \_\_\_\_\_

☐ Full-Time (30+ hrs. /wk.)      ☐ Part-Time (<30hrs. /wk.)      Telephone: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Related Duties: \_\_\_\_\_

\_\_\_\_\_

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

[illegible]

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## ACKNOWLEDGEMENTS

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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.
- \_\_\_\_\_ Employment will be *at will* unless specifically stated to be otherwise. "At will" means Lincoln County may terminate my employment at any time with no advance notice and for any reason or no reason.
- \_\_\_\_\_ This application is the property of Lincoln County and will become part of my personnel file if I am hired.
- \_\_\_\_\_ 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 an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

**I certify that all statements contained on this application are true and correct. I authorize Lincoln County to investigate my references and to make an independent investigation of any character, conduct and employment records; including, but not limited to, criminal and traffic records. I hereby release all employers, schools, or persons from all liability in responding to inquiries in connection with my application. 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. In the event I am employed by Lincoln County, I agree to comply with all rules and policies.**

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