APPLICATION FOR EMPLOYMENT



Return to:

CITY OF MESQUITE

Attention: Human Resource Dept. 10 East Mesquite Boulevard Mesquite, Nevada 89027

(702) 346-5295; FAX 346-2795

www.mesquitenv.gov

The City of Mesquite is an Equal Opportunity Employer

Review the minimum qualifications listed on the job announcement. If you feel you meet the minimum qualifications, complete and submit this application to the City of Mesquite Department of Human Resources. BE THOROUGH AND COMPLETE ALL AREAS OF THE APPLICATION. The answers you provide will determine whether or not you will continue in the screening process. Your completed application, combined with any supplementary materials specified on the job announcement, MUST be received by the Department of Human Resources by the date and time (Pacific Time) specified on the job announcement. Incomplete, outdated, undated or unsigned application WILL NOT be processed. We are not responsible for materials lost or delayed in the U.S. Mail.

Faxed applications are accepted, unless otherwise indicated on the job announcement. Applications that are accepted by fax MUST BE RECEIVED by the City of Mesquite Department of Human Resources by the date and time (Pacific Time) specified on the job announcement.

Electronic applications are not accepted.

PLEASE TYPE OR PRINT ALL ANSWERS IN BLUE OR BLACK INK

POSITION APPLIED FOR						
PERSONAL INFORMATION						
NAME (LAST)	(FIRST)	(1	MIDDLE)			
OTHER NAMES USED (MAIDEN NAMI	E, ALIAS, AKA, ETC.)					
ADDRESS (STREET, PO BOX, APART	(CITY)		(STATE/COUNTRY)	(ZIP CODE)		
SC	OCIAL SECURITY NUMBER					
ALT	ERNATE PHONE NUMBER					
APPLICANT MAY BE NOTIFIED VIA E						
Ma	O YES	O NO	WORK NUMBER			
Have you ever been employe	O YES	O NO				
IF "YES", p	FROM:		TO:			

	PERSONA	L INFO	RMATIO	N - CONTIN	UED		
	Are you a Nevada PERS	retiree?	O YES	O NO			
Are you related to any City employee or elected City official?		O YES	O NO				
If "YES", provide name and relationship.		NAME: RELATION	SHIP:				
Are you legally	eligible for employment in the United	States?	O YES	O NO			
	Have you ever been b	onded?	O YES	O NO			
If required, v	vill you undergo a pre-employment pl	nysical?	O YES	O NO			
	Do you presently use illega	l drugs?	O YES	O NO			
	Date available	for work					
Are	you currently awaiting trial on any c	harges?	O YES	O NO			
	CON	IVICTIO	ON INFOR	RMATION			
misdemeanor, gross	en convicted of, pled guilty or nolo conte s misdemeanor or felony (excluding juve on? (If "Yes", please provide detailed info	enile adjud	lication), or a	ny lesser crime, o	other than a	O YES O NO	
DATE	LOCATION (CITY, STATE)	NATURI				ON (PAID FINE, TIME SERVED,	
Have you been con information for each	victed of a moving traffic violation within incident below.)	the last fiv	ve years? (if	YES" please pro	vide detailed	O YES O NO	
DATE	LOCATION (CITY, STATE)	NATURI	E OF OFFEN	SE	DISPOSITION (P ETC.)	PAID FINE, TIME SERVED,	
IMPORTANT NOTI	CE!						
	tions of your parole and/or probatio . A criminal conviction does not nec						
OMISSION OF REC	QUESTED INFORMATION IS A BASIS	FOR REJ	ECTING AN	APPLICATION.			
	only be amended if a conviction rovide any conviction updates to Hur					d. In that event, it is your	
Any misrepresenta	ation or material omission of fact may	be consi	idered grour	ds for DISQUA	LIFICATION and/o	r DISMISSAL.	

		1.10	CENSI	NG				
Do	you possess	a valid driver's l			NO			
If "YES	n below:	O YES O NO If commercial, provide type and endorsements, if any.						
TYPE OF LICENSE			If commercial, pr	ovide type a	and endors	sements, if any.		
ISSUING STATE								
LICENSE NUMBER								
EXPIRATION DATE				1 .:				
	List any othe	er valid, applica	ble licens	ses and certificate	es you hold	l		
TYPE OF LICENSE OR CERTIFIC	CATE	ISSUING STATE		REGISTRATIO	EXPIRATION DATE			
		EDUCATIO	N AND	TRAINING				
When claiming college, business or vo a legible photocopy of your up-to-date documents submitted become the prop	transcript with	this application.	Failure to	do so may delay	processing	or disquali	ify your application. All	
Did you pass all required profi		AND OVES	O NO					
If #VES#, places provide: SCHOO				DL NAME ION (City, State)				
If "NO", do you have a GED certification? DATE CLOCAT) If "YES", plea State)	se provide			
COLLEGE/UNIVERSITY NAME & LOCATION	FROM (MO/YR)	TO (MO-YR)	FIEL	D OF STUDY CREDIT HOURS COMPLETED			DEGREE EARNED (EX: Bachelor of Science) COPY MUST BE ATTACHED	
	OOMI LETED SOLT <u>MOST</u> DE TITMOLES							
BUSINESS/TRADE SCHOOL NAME AND LOCATION	FROM (MO/YR)	TO (MO-YR)		LD OF STUDY CREDIT HOURS COMPLETED		JRS	CERTIFICATE EARNED COPY <u>MUST</u> BE ATTACHED	
		LA	NGUA	GE				
In addition to ENGLISH, list any other language abilities you possess			Written Fluency			Verbal Fluency		

	SKILLS & (QUALIFIC	ATION	S		
Summarize special skills, including computer s for the City	skills, and qualifications	acquired from	employme	ent or other expe	eriences that may	qualify you to work
	Typing	O YES	O NO	If "YES", wpm	n	
Productivit <u></u>	y Software Experience	O Word	O Excel	O PowerPoin	nt O Access	O Publisher
Go	ogle Apps Experience	O Gmail	O Google	Drive O Goog	gle Calendar C	Others
Mobile	e/Audio Visual Devices	O Tablets	O Smar	tphones O P	rojectors O S	Smartboards
Other skills and/or equip	oment you can operate					
REFERENCES: List three professional references.						
Name		·	Telepl			Professional Association
1)						
2)						
3)						
	EMPLOY	MENT HIS	TORY			
 Describe the work you performed in detail so that we can determine not only your tasks, but the level of responsibility. Fail to do so may delay processing or disqualify your application. List each promotion separately. Explain gaps between employment periods. If more space is needed, please complete and attach an Experience Addendum Sheet and/or additional pages as needed fully detail your work experience. You are encouraged to attach a resume, but reference to a resume in lieu of completing this section is not permissible. EMPLOYMENT HISTORY WILL BE VERIFIED						pages as needed to
Current/Most recent employer						
Address						
Phone						
Your Job Title						
Supervisor's Name/Title						
Reason For Leaving						
Dates Employed	FROM	TO	S	ALARY: \$	O HOUR	O MONTH O YEAR
Summarize work performed/job responsibilities:						
responsibilities.						
May we contact this employer for reference?	O YES O NO	O LATER				

El	MPLOYN	IENT HIS	STORY - C	ONTINUED	
Prior employer					
Address					
Phone					
Your Job Title					
Supervisor's Name/Title					
Reason For Leaving					
Dates Employed	FROM	-	ΓΟ	SALARY: \$	O HOUR O MONTH O YEAR
Summarize work performed/job responsibilities					
responsibilities					
May we contact this employer for reference?	O YES	O NO	O LATER		
Prior employer					
Address					
Phone					
Your Job Title					
Supervisor's Name/Title					
Reason For Leaving					
Dates Employed	FROM	-	ΓΟ	SALARY: \$	O HOUR O MONTH O YEAR
Summarize work performed/job responsibilities					
Тезропзівниез					
May we contact this employer for reference?	O YES	O NO	O LATER		
Prior employer					
Address					
Phone					
Your Job Title					
Supervisor's Name/Title					
Reason For Leaving					
Dates Employed	FROM	-	ΓΟ	SALARY: \$	O HOUR O MONTH O YEAR
Summarize work performed/job responsibilities					
responsibilities	_				
Marrier and addition of the Control	2 : ===	A	<u> </u>		
May we contact this employer for reference?	O YES	O NO	O LATER		

ACKNOWLEDGEMENT, AUTHORIZATION AND AGREEMENT

This application will be used for one recruitment only. If you wish to apply for other positions with the City of Mesquite, you must submit an application for each position. Reference in this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be the entire examination process, your failure to provide complete information could delay or disqualify you from consideration. It is your responsibility to notify Human Resources in writing of any changes in address or phone number.

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 the City of Mesquite and will become part of my personnel file if I am hired.

Unless indicated otherwise in this application, I authorize the City of Mesquite 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 necessary for job performance, or other relevant qualifications for employment and/or continued employment with the City of Mesquite. In addition, I authorize the City of Mesquite 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 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 the City of Mesquite to contact any institutions and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

In exchange for the City of Mesquite's consideration of my employment application, and/or my continued employment with the City of Mesquite, if any, I authorize anyone possessing information to furnish it to the City of Mesquite upon request, and I release the organizations and all individuals providing the information or acquiring the information, including the City of Mesquite 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 understand this consent will apply during the entire course of my employment with the City of Mesquite should I obtain such employment. I understand and agree that this consent shall remain in effect indefinitely.

I further understand that if I am hired by the City of Mesquite, I will be employed on a trial basis for a period of at least six (6) months. During the trial period my employment relationship with the City of Mesquite is considered "at-will". Either I or the City may terminate the employment relationship with or without cause, with or without notice, for any reason not prohibited by law.

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 the City of Mesquite. 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 the City of Mesquite 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. The physical exam and/or drug screening will be paid for by the City of Mesquite. If successful completion of a drug screening test is not obtained, I understand I will not be eligible for hire with the City of Mesquite. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

I further agree and hereby give my consent for the City to furnish any statistical data regarding this application that may be required for compliance with the Equal Employment Opportunity guidelines.

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this application form. The number will be used by the City of Mesquite to help verify your identity and information contained on the application.

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

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this application form. The number will be used by the City of Mesquite to help verify your identity and information contained on the application.

Signature of Applicant:	Date: _		
Pursuant to the requirement of the accommodations during the application	Americans with Disabilities Act, do you require reasonable and/or testing process?	O YES	O NO
If "YES" please identify your need			



- OPTIONAL - EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is necessary for the City of Mesquite to evaluate its recruiting and hiring practices and to prepare reports required by law for the State and Federal Governments. This information will be used solely for research and statistical purposes and in no way affects any employment decision. The <u>form is optional</u>, and your <u>voluntary cooperation</u> is appreciated.

We ask your help in filling in the blanks that apply to you. This form will be filed separately from your application by Personnel immediately upon receipt and the information will not be used to make employment decision that affects you.

POSITION APPLIED FOR							
NAME(LAST)		(FIRST)	(FIRST)		(MIDDLE)		
HOW DID YOU LEARN OF T	HIS POSITION?	O FRIEND	O NEWSPAPER	0 11	NTERNET O OTHER		
<u> </u>							
GENDER	O MALE C	O FEMALE					
DATE OF BIRTH							
ETHNIC ORIGIN	Please check or	ne box only for	the category that mos	st clos	sely describes your ethnic background:		
0	American Indian South America (i			origins	s in any of the original peoples of north and		
0	Asian – Persons having origins in any of the original peoples of the Far East, Southwest Asia or the Indian Subcontinent such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.						
0	African American (Not of Hispanic origin) – Persons having origins in any of the Black racial groups.						
0	Hispanic or Latino – Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin, regardless of race.						
0	Native Hawaiian/Other Pacific Islander – Persons having origins in Hawaii, Guam, Samoa or the Pacific Islands.						
0	White (Not of Hispanic origin) – Persons having origins in any of the original peoples of Europe or North Africa.						
0	Two or More Races (Not of Hispanic origin)						
AMERICANS WITH DISABILITIES ACT	Pursuant to the requirement of the Americans with Disabilities Act, do you require reasonable accommodations during the application and/or testing process?						
		0 11	ES", please identify you				