

COMMUNITY SERVICES AGENCY

1090 E. 8th Street, Reno, NV 89512 (P. O. Box 10167 Reno, NV 89510)

Phone: 775-786-6023 Fax: 775-786-5743 Website: www.csareno.org

APPLICATION FOR EMPLOYMENT

Applications not filled out completely will be rejected.

The Community Services Agency is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, sexual orientation, age, national origin, veteran's status, disability or any other legally protected status. Any applicant may be immediately rejected for employment or, if hired, terminated for giving false information in the application or for failing to accurately provide information requested. If hired, employment is for no fixed term and the Community Services Agency or the employee can terminate employment at any time with or without notice and with or without cause.

PLEASE PRINT LEGIBLY OR TYPE

Position for Which You Are Applying _____ Date _____

Date Available for Work _____ Salary Expected _____

What prompted your application? Ad ___ Employment Agency ___ Walk-in ___ Friend ___ Relative ___ Web-site ___ Other ___

Full Name _____
(Last) (First) (Middle)

List all other names you have worked under or are known by _____

Address _____
Street Apt. No. City State Zip Code

Mailing Address, if different _____

Telephone Number (s) _____

Social Security Number _____ Drivers License Number _____

If hired, can you furnish proof of age? Yes ___ No ___

An offer of employment, if made, will be subject to verification that applicant's age meets legal requirements.

If hired, can you produce sufficient documentation of your identity and right to work in the United States and attest under penalty that the documents you have produced are genuine and relate to you? Yes ___ No ___

Have you ever been terminated or asked to resign? Yes ___ No ___

If yes, provide details. _____

Have you ever been an employee of the Community Services Agency? Yes ___ No ___

Position held and dates _____

Have you ever previously completed an application for employment with us? Yes ___ No ___

Do you have a means for getting to work regularly? Yes ___ No ___

You are available to work: Full-time ___ Part-time ___ Shift Work ___ Temporary ___

Are you currently on lay-off status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

If necessary, could you work overtime? Yes ___ No ___

Do you have any relatives that work for the Community Services Agency? Yes ___ No ___

If yes, provide details. _____

If an offer of employment is made, and at or prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment and/or employment. Are you willing to undergo such an examination? Yes ___ No ___

Have you ever been convicted of a misdemeanor or felony under your own name or another name? Yes ___ No ___
 If yes, provide details. (Do not include traffic tickets) Conviction of a crime does not necessarily disqualify you for employment

Have you had any arrests, been convicted, or been investigated for child abuse or neglect by any agency or entity. Yes ___ No ___
 If yes, provide details.

All Head Start employees must be able to secure a sheriff's card.

EDUCATION

School	Name of School	Graduated Yes or No	Major/Minor Courses Taken	Degree Achieved
High School (GED)				
College				
Graduate Work				
Trade or Business				
Correspondence				

INDICATE ANY LANGUAGES (OTHER THAN ENGLISH) YOU CAN SPEAK, READ AND/OR WRITE

	Fluently	Well	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, extra-curricular activities, or job-related training received.

Are you computer skilled? List computer programs with which you are familiar.

List office machines/equipment you are able to operate.

EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION

Provide your last four employers in chronological order, starting with your current or most recent position. Do not omit any employers. Resume' may be attached, but Employment History must be completed for application to be considered.

1. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

2. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

3. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

4. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

May we contact your present employer? Yes _____ No _____

Any other job-related information or skills not previously included.

REFERENCES

1. Name	Phone No.
Address	
2. Name	Phone No.
Address	
3. Name	Phone No.
Address	

APPLICANT'S STATEMENT

To the best of my knowledge, I have truthfully disclosed all information asked for in this application and the answers given are true, accurate and complete.

I authorize contact with any person or entity named in this application and other persons or entity that may have knowledge concerning my past for the purpose of obtaining information material to my qualifications for employment.

I authorize all those with whom I am acquainted (previous employers, physicians, professionals, institutions, neighbors, friends, law enforcement agencies asked to provide criminal record history in accordance with NRS 179A.000 and others) to furnish any and all information they may have concerning me which may be material to my qualifications for the position.

I also understand and agree that, if hired, my employment is "at will." In other words, my employment is for no definite or fixed term or period and may, regardless of the date of payment of wages, be terminated for any reason or no reason at any time at the sole discretion of the Community Services Agency or by me without prior notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of this organization.

If I am employed by the Community Services Agency, I agree to conform to the rules, policies, procedures and regulations that govern it. I also understand that my wages, hours and working conditions are subject to change by the Community Services Agency at any time without notice.

I further understand that if an offer of employment is made, at or prior to my commencement of duties, I am required to undergo a drug and/or alcohol test in accordance with Community Services Agency policy, the results of which test may affect the offer and duration of my employment.

In the event of employment, I understand that any false or misleading information in my application or interview(s) may result in termination of my employment.

I understand that this application will be kept under active consideration for no more than 45 days from the date of the application as shown below.

Signature of Applicant _____

Date _____

FOR HUMAN RESOURCES USE ONLY

Interview Yes ___ No ___ Employment Offered Yes ___ No ___ Employment Accepted Yes ___ No ___ Start Date _____

Job title _____ Grade/Range _____ Starting Pay _____

Department/Title/Location/Code _____

Approvals PC _____ Human Resources _____ Executive Director _____



NV Lic# 793

Employer Lynx, Inc.®

NOTICE/DISCLOSURE REGARDING BACKGROUND SCREENING OR CONSUMER INVESTIGATIONS

"The Employer" Community Services Agency may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or "investigative consumer report" which may include information about your character, general reputation, personal characteristics, mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of education, employment history, other background checks and, after an offer of employment, these reports may also contain workers compensation information in accordance with the Americans with Disabilities Act conducted by Employer Lynx, Inc. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, however, allowing **The Employer** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. This information will be used for background screening purposes only and will not be used solely as hiring criteria.

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, previous employer, insurance company or any other outside organization to furnish any and all background information requested by Employer Lynx, Inc. acting on behalf of The Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other Names/Alias ever used _____ Phone Number () _____

Social Security # _____ Date of Birth _____ Drivers License # _____ State _____

Professional Licenses Held _____ State _____ Lic. # _____

Current Street Address _____ City _____ State _____ Zip _____

From _____ to _____

Previous Street Address _____ City _____ State _____ Zip _____

From _____ to _____

Signature _____ Date _____

If this release is being used for USDOT regulated employment screening. In accordance with Parts 40.25, 391.23 and 382.413 I hereby authorize all my previous and present employers to release all information pertaining to DOT drug and alcohol testing as applicable to drivers employed by USDOT regulated employers. I authorize Employer Lynx, Inc. to conduct this background investigation in accordance with state and federal law and authorize my previous and present employers to release any information requested by Employer Lynx, Inc. and hold them harmless of all liability from the release of said information. I understand this information is held in strict confidence and used only for employment purposes.

ACKNOWLEDGMENT AND AUTHORIZATION TO OBTAINING A CONSUMER CREDIT REPORT

I hereby authorize the obtaining of a "consumer report" and/or "investigative consumer report" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. Sign and date below if The Employer is requesting a Consumer Credit Report.

Signature _____ Date _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR OBTAINING A WORKERS' COMPENSATION REPORT

Signature _____ Hire Date _____

Sign if The Employer may request a Workers' Compensation Report:

Company Use Only

California applicants or employees only: By signing Acknowledgment and Authorization above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Employer whenever you have a right to receive such a copy under California law

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Employer Lynx, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Employer Lynx, Inc., can only rely on its accuracy from the public records data sources available at the time of the search.

Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

Reports may include consumer credit, criminal convictions, motor vehicle and other reports. These reports may include information as to character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, understand that we may be requesting information from various Federal, State and other agencies which maintain records concerning your past activities relating to your driving, credit, criminal, civil and other experiences.

(Applicant: Please retain for your records)

Please print after completing the entire application and signing in the appropriate places. Send completed and signed application to:

**Human Resources
Community Services Agency and Development Corporation
PO Box 10167
Reno, NV 89510-0167**

If you would prefer to deliver your application personally, please come to:

**Community Services Agency
Administrative Offices
1090 E. 8th Street
Reno, NV 89512**