



EMPLOYMENT APPLICATION
Legislative Counsel Bureau
and Nevada Legislature
401 S. Carson Street
Carson City, NV 89701-4747
Equal Opportunity Employer



Read Instructions Before Proceeding

Title of job applying for — Use exact title listed in job announcement: (Click on the line to type) _____		
Last Name: _____	First Name: _____	Middle Name: _____
Date you will be available for employment: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Work Phone: _____	Ext: _____
Cell Phone: _____	E-mail: _____	
Member of:	Sheriff's Department Search and Rescue:	Yes No
	Reserve Unit of Civil Air Patrol Unit:	Yes No <i>(Disclosure required by State law NRS 414.250)</i>
SPECIAL SKILLS/LICENSES		
Professional License/Certification/Registration (<i>Examples: doctors, lawyers, CPA, etc.</i>) Please attach a copy. Title: _____ No: _____ Issue Board and State: _____		
Driver's License No.: _____ State: _____ Class: _____ Expiration Date: _____		
Software Applications: Access Excel Outlook PowerPoint Publisher Word Other: _____		
In addition to English, I possess verbal written fluency in: _____		

EDUCATION AND TRAINING

Highest Grade Completed: 7 8 9 10 11 12 13 14 15 16 17 18 19 20

High School Name: _____ Location: _____

Did you graduate? Yes No

High school equivalent: Successful completion of GED USAF Other: _____

College, University or Professional School

(List all undergraduate and graduate work. Transcripts may be required – see job announcement.)

School Name: _____

Location: _____

Dates of Attendance (Month and Year) From: _____ To: _____

Degree Received: _____ Date Degree Received: _____

Major: _____ Minor: _____

School Name: _____

Location: _____

Dates of Attendance (Month and Year) From: _____ To: _____

Degree Received: _____ Date Degree Received: _____

Major: _____ Minor: _____

Business, Correspondence, Trade, Technical or Vocational School

School Name: _____

Location: _____ Dates of Attendance (Month/Year) From: _____ To: _____

Date Certificate Received: _____ Percentage of Program Complete: _____

Title of Program or Subjects Taken: _____

School Name: _____

Location: _____ Dates of Attendance (Month/Year) From: _____ To: _____

Date Certificate Received: _____ Percentage of Program Complete: _____

Title of Program or Subjects Taken: _____

EMPLOYMENT HISTORY

Current or Last Employer: _____

City, State, ZIP : _____

Your Title: _____ Length of Experience Total: _____

Location: _____ Supervisor: _____

From: _____ To: _____ Full Part Time (____Hrs/Wk)

Last Month Salary: _____ Reason for Leaving: _____

Major Activities: _____

Number and Title(s) of people you supervised: _____

Machines/ equipment you used: _____

Current or Last Employer: _____
City, State, ZIP : _____
Your Title: _____ Length of Experience Total: _____
Location: _____ Supervisor: _____
From: _____ To: _____ Full Part Time (____Hrs/Wk)
Last Month Salary: _____ Reason for Leaving: _____
Major Activities: _____
Number and Title(s) of people you supervised: _____
Machines/ equipment you used: _____

Current or Last Employer: _____
City, State, ZIP : _____
Your Title: _____ Length of Experience Total: _____
Location: _____ Supervisor: _____
From: _____ To: _____ Full Part Time (____Hrs/Wk)
Last Month Salary: _____ Reason for Leaving: _____
Major Activities: _____
Number and Title(s) of people you supervised: _____
Machines/ equipment you used: _____

Current or Last Employer: _____
City, State, ZIP : _____
Your Title: _____ Length of Experience Total: _____
Location: _____ Supervisor: _____
From: _____ To: _____ Full Part Time (____Hrs/Wk)
Last Month Salary: _____ Reason for Leaving: _____
Major Activities: _____
Number and Title(s) of people you supervised: _____
Machines/ equipment you used: _____

Current or Last Employer: _____
City, State, ZIP : _____
Your Title: _____ Length of Experience Total: _____
Location: _____ Supervisor: _____
From: _____ To: _____ Full Part Time (____Hrs/Wk)
Last Month Salary: _____ Reason for Leaving: _____
Major Activities: _____
Number and Title(s) of people you supervised: _____
Machines/ equipment you used: _____

If you have more information, please attach additional pages.

REFERENCES

References — List three references for contact purposes:

First Reference Name: _____ Company: _____

Relationship: _____ Phone Number: _____

Address: _____ City, State, ZIP: _____

Second Reference Name: _____ Company: _____

Relationship: _____ Phone Number: _____

Address: _____ City, State, ZIP: _____

Third Reference Name: _____ Company: _____

Relationship: _____ Phone Number: _____

Address: _____ City, State, ZIP: _____

IMPORTANT

1. I hereby declare under penalty of perjury that all information and statements which I have provided in this application are true, accurate and complete to the best of my knowledge. In addition, I understand that intentionally providing false, inaccurate or incomplete information or statements is cause for immediate termination of employment.
2. At the time of application, I attest that I have the legal right to reside and work in this country (proof required upon employment).
3. In connection with this application, I authorize the Legislative Counsel Bureau and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the Legislative Counsel Bureau and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. (Check box below if you do not want your present employer contacted.) Moreover, I hereby release the Legislative Counsel Bureau and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I request that you do not contact my present employer unless necessary to determine my qualifications for the position.

Signature (Do not print) _____ Date: _____

EMPLOYMENT QUESTIONNAIRE

The following information will be used by the Legislative Counsel Bureau for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, national origin, handicap or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision.

Choose one ethnic group with which you most closely identify:

I. American Indian or Alaskan Native. (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.)

B. Black. (Not of Hispanic origin: All persons having origins in any of the Black racial groups.)

A. Asian/Pacific Islander. (All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)

H. Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.)

W. White. (Not of Hispanic origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)

Year of Birth: _____

Gender: Male Female

Position Applied For:

Where did you learn about this position: Friend Newspaper State of Nevada Website
LCB Website Other

If Other, please specify:

INSTRUCTIONS

1. **Read the job announcement carefully** before applying. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements.
2. **Do not substitute a résumé or other application form for this application**
Résumés may be attached only for additional information.
3. Complete a **separate application** for each job. Photocopies are acceptable, but original signatures are required.
4. **Write the exact job title** as specified on the job announcement.
5. **Employment History Section. Be specific and complete.** The information provided will be used to determine if you meet the minimum qualifications, and, if an examination is required, whether you will be admitted. For jobs with a training and experience rating, scores may be based upon information in this section.
 - a. List your present or most recent experience first. Include all job-related volunteer and/or unpaid experience.
 - b. List each job (including promotions) separately, even if it was within the same organization.
 - c. If you attach additional information sheet(s), include **all** of the information requested on the application; i.e., dates of experience, hours per week, etc.
 - d. If the hours per week on a job vary, use the **average** number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour week as the standard for full-time work.
 - e. To receive proper credit, list the most important and/or time-consuming activities. Do not include unimportant duties that are performed only occasionally.
6. Sign and date the application below. Your signature indicates your agreement with the statements listed above it and understanding of the statements listed on this page.
7. Retain a copy of the application for presentation to the Legislative Counsel Bureau when called for an interview.
The Legislative Counsel Bureau cannot supply copies
8. **Submit the application as directed on the job announcement**
9. Your application and all attachments become the property of the Legislative Counsel Bureau and cannot be returned. Work samples, letters of recommendation, and the like **should** be submitted with the application. You may take such materials with you to an actual employment interview.
10. The incomplete or improper completion of an application may result in the application being returned or rejected.
11. Please **download** the form before filling it out.

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