

EMPLOYMENT APPLICATION

Nevada State Assembly

(775) 684-8555

AssemblyJobs@asm.state.nv.us

An Equal Opportunity Employer

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. Please indicate all positions for which you are applying on one Assembly Employment Application form. Do not substitute a résumé or another application form for this application. Supporting documents such as résumés, work samples, and letters of recommendation are not required but may be submitted to the email address shown in the job posting.
3. **You must download and save both the Employment Application and the Supplemental Employment Questionnaire to your computer before filling in the forms. Bookmark the URL. (You will need the URL to navigate back to the webpage where you upload and submit the completed Application and Supplemental Questionnaire.)**
 - a. Open the forms saved to your computer.
 - b. Complete both forms and re-save the documents to your computer.
 - c. Open the bookmark you created.
 - d. Enter your contact information in the fields on the right side of the screen.
 - e. Upload the completed Employment Application and the multipage Supplemental Employment Questionnaire where indicated.
 - f. Upload any **optional** supporting documents such as a cover letter, resume, and letters of recommendation where indicated.
 - g. Submit your application.
 - h. **Alternatively,** you may email the completed Employment Application, the multipage Supplemental Employment Questionnaire, and any optional supporting documents to AssemblyJobs@asm.state.nv.us.
4. The Chief Clerk's office will contact you to schedule a date and time for your assessment. **You will sign a printed copy of your application when you check in for your assessment.** (The Clerk's office will provide the paper copy of your application.) Photo identification is required at check-in.
5. Provide specific and complete information in the Employment History section. Additional sheets may be emailed to the address shown in the job posting. The information may be used to determine whether you meet the minimum qualifications for the position(s) and will be admitted to the assessment.
6. List your present or most recent experience first. Include all job-related volunteer and/or unpaid experience.
7. List each job separately, including promotions, even if it was within the same organization.
8. If you attach an additional information sheet or sheets, include all of the information requested on the application, e.g., dates worked, hours worked per week.
9. If the hours worked per week vary, please state the average hours worked per week.
10. Under "Primary Responsibilities," list the most important and/or time-consuming activities first.
 - a. Completion of the last page of the Employment Application titled "Employment Questionnaire" is VOLUNTARY.
 - b. Your application and **all** supplemental documents become the property of the Nevada State Assembly, and they cannot be returned.
 - c. Applications may be returned or rejected if they are incomplete.



EMPLOYMENT APPLICATION

Nevada State Assembly
401 South Carson Street, Room 1109
Carson City, NV 89701-4747
(775) 684-8555
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JOB TITLE(S) OF ALL POSITION(S) FOR WHICH YOU ARE APPLYING: (check all for which you are applying)

Committee Secretary Personal Secretary Proofreader Other _____
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
EMAIL ADDRESS: _____ MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

MEMBER OF: Sheriff's Department Search and Rescue Yes No
Reserve Unit of Civil Air Patrol Yes No (Disclosure required by [NRS 414.250](#))

WHERE DID YOU LEARN ABOUT THIS POSITION? (check all that apply)

Assembly Website Online Employment Site (name of site) _____
State of Nevada Website RPEN Newsletter Newspaper Family or Friend
Other (please specify other source of information) _____

SPECIAL SKILLS/LICENSES

Professional License/Certification/Registration (Examples: doctors, lawyers, CPAs, teachers) Please attach a copy.

TITLE: _____ NO. _____ CURRENTLY ACTIVE Yes No
ISSUING BOARD AND STATE: _____

TITLE: _____ NO. _____ CURRENTLY ACTIVE Yes No
ISSUING BOARD AND STATE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ DATE EXPIRES: _____

SOFTWARE APPLICATIONS: Word Outlook Excel PowerPoint Other (please specify): _____

IN ADDITION TO ENGLISH, I POSSESS VERBAL WRITTEN FLUENCY IN _____

OTHER RELEVANT SKILLS: _____

EDUCATION

HIGHEST YEAR COMPLETED: 12 13 14 15 16 17 18 19 20

HIGH SCHOOL

NAME OF HIGH SCHOOL: _____
LOCATION: _____ DID YOU GRADUATE? Yes No
HIGH SCHOOL EQUIVALENT COMPLETED: GED USAF OTHER: _____

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL(S)

SCHOOL NAME: _____ TELEPHONE: _____
LOCATION: _____
DATES ATTENDED: FROM _____ TO _____ CREDITS COMPLETED: _____
DEGREE RECEIVED: Yes No MAJOR/MINOR _____

SCHOOL NAME: _____ TELEPHONE: _____
LOCATION: _____
DATES ATTENDED: FROM _____ TO _____ CREDITS COMPLETED: _____
DEGREE RECEIVED: Yes No MAJOR/MINOR _____

BUSINESS, TECHNICAL, OR VOCATIONAL SCHOOL(S)

SCHOOL NAME: _____ TELEPHONE: _____
LOCATION: _____
PROGRAM TITLE OR SUBJECTS TAKEN: _____
DATES ATTENDED: FROM _____ TO _____ PERCENT PROGRAM COMPLETED: _____
CERTIFICATE RECEIVED: Yes No

SCHOOL NAME: _____ TELEPHONE: _____
LOCATION: _____
PROGRAM TITLE OR SUBJECTS TAKEN: _____
DATES ATTENDED: FROM _____ TO _____ PERCENT PROGRAM COMPLETED: _____
CERTIFICATE RECEIVED: Yes No

EMPLOYMENT HISTORY

NAME OF CURRENT OR LAST EMPLOYER: _____
COMPLETE ADDRESS: _____
TELEPHONE: _____ LAST SUPERVISOR: _____
YOUR TITLE: _____
DATES EMPLOYED: _____ TO _____ HOURS/WEEK: _____
PRIMARY RESPONSIBILITIES: _____

NUMBER AND TITLES OF
PERSONS YOU SUPERVISED: _____
EQUIPMENT USED: _____
REASON FOR LEAVING: _____
CONTACT THIS EMPLOYER: Yes No

NAME OF PREVIOUS EMPLOYER: _____
COMPLETE ADDRESS: _____
TELEPHONE: _____ LAST SUPERVISOR: _____
YOUR TITLE: _____
DATES EMPLOYED: _____ TO _____ HOURS/WEEK: _____
PRIMARY RESPONSIBILITIES: _____

NUMBER AND TITLES OF
PERSONS YOU SUPERVISED: _____
EQUIPMENT USED: _____
REASON FOR LEAVING: _____
CONTACT THIS EMPLOYER: Yes No

NAME OF PREVIOUS EMPLOYER: _____
COMPLETE ADDRESS: _____
TELEPHONE: _____ LAST SUPERVISOR: _____
YOUR TITLE: _____
DATES EMPLOYED: _____ TO _____ HOURS/WEEK: _____
PRIMARY RESPONSIBILITIES: _____

NUMBER AND TITLES OF
PERSONS YOU SUPERVISED: _____
EQUIPMENT USED: _____
REASON FOR LEAVING: _____
CONTACT THIS EMPLOYER: Yes No

NAME OF PREVIOUS EMPLOYER: _____
COMPLETE ADDRESS: _____
TELEPHONE: _____ LAST SUPERVISOR: _____
YOUR TITLE: _____
DATES EMPLOYED: _____ TO _____ HOURS/WEEK: _____
PRIMARY RESPONSIBILITIES: _____

NUMBER AND TITLES OF
PERSONS YOU SUPERVISED: _____
EQUIPMENT USED: _____
REASON FOR LEAVING: _____
CONTACT THIS EMPLOYER: Yes No

IF YOU HAVE ADDITIONAL PREVIOUS EMPLOYERS, PLEASE ATTACH A SEPARATE SHEET.

REFERENCES

(please list at least two references)

NAME OF REFERENCE: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____

COMPANY: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ REFERENCE TYPE: PERSONAL BUSINESS

NAME OF REFERENCE: _____ RELATIONSHIP: _____

COMPANY: _____

EMAIL ADDRESS: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ REFERENCE TYPE: PERSONAL BUSINESS

NAME OF REFERENCE: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____

COMPANY: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ REFERENCE TYPE: PERSONAL BUSINESS

SESSION EMPLOYMENT

I AM SUBMITTING APPLICATIONS FOR EMPLOYMENT IN THE: ASSEMBLY SENATE BOTH

PLEASE NOTE that persons interested in applying for work in both the Assembly and the Senate must submit separate applications to each house, one on the Assembly Employment Application form and another on the employment application form used by the Senate. Recruitment closing dates for the two houses may differ.

SIGNATURE

I declare under penalty of perjury that all information and statements in this application are true, accurate, and complete to the best of my knowledge. I understand that intentionally providing false, inaccurate, or incomplete information or statements is cause for immediate termination of employment.

At the time of application, I attest that I have the legal right to reside and work in this country (proof required upon employment).

In connection with this application, I authorize the Nevada State Assembly and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the Nevada State Assembly, including, but not limited to, any criminal conviction on my record.

I hereby release the Nevada State Assembly and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person or entity.

SIGNATURE: _____ DATE: _____

VOLUNTARY EMPLOYMENT QUESTIONNAIRE

The following information will be used by the Nevada State Assembly 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 is greatly appreciated should you choose to do so.** This information will be kept separate and confidential and will not be used to make any employment decision.

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have? **(It is not necessary that you describe or identify the disability.)** Yes No

If yes, please describe the type
of accommodation required: _____

CHOOSE ONE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY

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 affiliation or community recognition.)*

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.)*

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

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

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: _____