



EMPLOYMENT APPLICATION
Nevada State Assembly
401 S. Carson Street
Carson City, NV 89701-4747
Equal Opportunity Employer

[Read Instructions and Download
the Form Before You Begin to Fill it
Out](#)



Position with the Assembly		
Where did you learn about this position: <input type="checkbox"/> LCB Website <input type="checkbox"/> State of Nevada Website <input type="checkbox"/> Referral <input type="checkbox"/> Indeed <input type="checkbox"/> Other (please specify): _____		
Name (First M. Last): _____		
Date you will be available for employment: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Secondary Phone Number: _____	
E-mail: _____		
Veteran Status: <i>(A Veteran is defined by State law NRS 417.005)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accommodations Request: <i>(if an accommodation is requested, a team member will reach out to gather additional information)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Member of: <i>(Disclosure required by State law NRS 414.250)</i> Sheriff's Department Search and Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No Reserve Unit of Civil Air Patrol Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
LICENSES/SKILLS		
Professional License/Certification/Registration <i>(Examples: Bar Admissions, CPA, etc.)</i> Copies may be requested if granted an interview.		
Title: _____		
No: _____	Issuing Entity: _____	Issuing State: _____
Driver's License No.: _____		
State: _____	Class: _____	Expiration Date: _____
Software Applications: <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint <input type="checkbox"/> Publisher <input type="checkbox"/> Word Other: _____		

LICENSES/SKILLS CONTINUED

Machines/ equipment you use: _____

In addition to English, I possess verbal written fluency in: _____

EDUCATION

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

High School Name: _____

Location: _____ Did you graduate: Yes No

High school equivalent: Successful completion of GED Other: _____

School Name: _____

Location: _____ Degree Received: _____

Major: _____ Minor: _____

School Name: _____

Location: _____ Degree Received: _____

Major: _____ Minor: _____

Business, Correspondence, Trade, Technical or Vocational School

School Name: _____

Title of Program or Subjects Taken: _____

Location: _____ Percentage of Program Complete: _____

School Name: _____

Title of Program or Subjects Taken: _____

Location: _____ Percentage of Program Complete: _____

EMPLOYMENT HISTORY

Current or Last Employer: _____ Supervisor: _____

City, State, ZIP: _____

Location: _____ Your Title: _____

Length of Experience Total: _____ From: _____ To: _____ Full Time Part Time (____ Hrs./Wk.)

Reason for Leaving: _____

Did you have supervisory authority? Yes No If yes, how many did you supervise? _____

Duties/Responsibilities: _____

Current or Last Employer: _____ Supervisor: _____
City, State, ZIP: _____
Location: _____ Your Title: _____
Length of Experience Total: _____ From: _____ To: _____ Full Time Part Time (_____ Hrs./Wk.)
Reason for Leaving: _____
Did you have supervisory authority? Yes No If yes, how many did you supervise? _____
Duties/Responsibilities:

Current or Last Employer: _____ Supervisor: _____
City, State, ZIP: _____
Location: _____ Your Title: _____
Length of Experience Total: _____ From: _____ To: _____ Full Time Part Time (_____ Hrs./Wk.)
Reason for Leaving: _____
Did you have supervisory authority? Yes No If yes, how many did you supervise? _____
Duties/Responsibilities:

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City, State, ZIP: _____
Location: _____ Your Title: _____
Length of Experience Total: _____ From: _____ To: _____ Full Time Part Time (_____ Hrs./Wk.)
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Did you have supervisory authority? Yes No If yes, how many did you supervise? _____
Duties/Responsibilities:

Current or Last Employer: _____ Supervisor: _____
City, State, ZIP: _____
Location: _____ Your Title: _____
Length of Experience Total: _____ From: _____ To: _____ Full Time Part Time (_____ Hrs./Wk.)
Reason for Leaving: _____
Did you have supervisory authority? Yes No If yes, how many did you supervise? _____
Duties/Responsibilities:

If you have more information, please attach additional pages.

PROFESSIONAL REFERENCES
(List three professional references for contact purposes)

Reference Name: _____ Company: _____
Relationship: _____ Phone Number: _____
Email Address: _____

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Email Address: _____

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Relationship: _____ Phone Number: _____
Email Address: _____

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 (LCB) and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the LCB 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 LCB 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.
NOTE: This does not apply to LCB employees. Current supervisors of LCB employees may be contacted at any time if applying for a position within the LCB.

Signature: _____ Date: _____

INSTRUCTIONS

1. Read the job announcement carefully before applying and follow any special instructions and requirements applicable to the particular position.
2. This application must be submitted even if you also submit a résumé or other information, though under the “Duties/Responsibilities” question on the employment history, you may write “see résumé” if that information is included on a résumé you submit with the application.
3. Complete a separate application for each position. Photocopies will be accepted, but an original or digital signature must be included on each application.
4. On the employment history section, please provide specific and complete information.
 - a. List your present or most recent experience first. You may include any job-related volunteer and/or unpaid experience.
 - b. List each job you have held separately, even if you held more than one job within the same organization.
 - c. If you attach additional information sheet(s), include all of the information requested on the application including dates of employment and hours worked per week.
 - d. If the number of hours worked per week varied, you may provide an average number of hours worked per week.
5. Please list the most important and/or time-consuming activities performed. It is not necessary to include duties that were performed only occasionally.
6. Sign and date the application.
7. Submit the application in the manner directed on the job announcement.
8. Once submitted, your application and all attachments become the property of the Legislative Counsel Bureau and will not be returned. Work samples, letters of recommendation, and other information for consideration should be submitted with the application.
9. An incomplete or improperly completed application may result in the application being returned or rejected.
10. Please download the form before filling it out.

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