



RENO JUSTICE COURT APPLICATION FOR EMPLOYMENT

1 South Sierra Street
Reno, Nevada 89501

775-325-6500

TITLE OF JOB FOR WHICH YOU ARE APPLYING:

(Please Print) NAME: LAST

FIRST

MIDDLE

CURRENT MAILING ADDRESS (House or Apt #, Street, P.O. Box etc.)

CITY

STATE

ZIP

HOME PHONE

BUSINESS/MSG PHONE

EMAIL ADDRESS (FOR COURTS CONTACT USE ONLY)

JOB AVAILABILITY:

FULL-TIME
PART-TIME (20+ HRS PER WK)
PART-TIME NON-BENEFIT (19 HRS/WK MAX)
TEMPORARY (6 MOS. OR LESS)
SEASONAL
INTERMITTENT HOURLY (ON-CALL)

AVAILABLE DATE:

AVAILABLE IMMEDIATELY
2 OR MORE WEEKS NOTICE
NOT AVAILABLE NOW, BUT WILL BE ON _____

LIST JOB RELATED CERTIFICATES / LICENSES, REGISTRATIONS, TYPE/DATA ENTRY, SHORTHAND SPEED, BILINGUAL AND OTHER SPECIAL ABILITIES BELOW:

| | | | | |
|--------|-----------------|--------|-----------------|-----------|
| TITLE | STATE | TITLE | STATE | BILINGUAL |
| NUMBER | EXPIRATION DATE | NUMBER | EXPIRATION DATE | LANGUAGE |

HIGH SCHOOL: DID YOU GRADUATE? Yes No IF NOT, HAVE YOU PASSED A G.E.D. TEST? Yes No

| NAMES AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED | DATES ATTENDED | CREDITS COMPLETED | | MAJOR | UNITS IN MAJOR | DEGREES OR CERTIFICATES RECEIVED |
|--|----------------|-------------------|------|-------|----------------|----------------------------------|
| | | SEM. | QTR. | | | |
| | FROM: | | | | | |
| | TO: | | | | | |
| | FROM: | | | | | |
| | TO: | | | | | |
| | FROM: | | | | | |
| | TO: | | | | | |

| | | | |
|--|--|---|---|
| THIS AREA FOR OFFICIAL USE ONLY | | | |
| EVALUATED BY: | | DATE: | |
| <input type="checkbox"/> ACCEPT | <input type="checkbox"/> REJECT-EXPERIENCE | <input type="checkbox"/> REJECT - EDUCATION | <input type="checkbox"/> REJECT - NO REQUIRED LICENSE |
| | | <input type="checkbox"/> REJECT- OTHER REASON (Explain) | |
| RE-EVALUATED BY: | | DATE: | |
| <input type="checkbox"/> APPLICANT WITHDRAWAL: | | DATE: | |
| <input type="checkbox"/> ACCEPT | <input type="checkbox"/> REJECT | COMMENTS: | |
| APPLICATION ENCODED BY: | | DATE: | PROOFED: |

PLEASE LIST **ALL** JOBS (INCLUDING SEASONAL/TEMPORARY) BEGINNING WITH THE MOST RECENT

1. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

From: ____/____/____ To: ____/____/____
Mo. / Yr. Mo. /Yr.

Total: ____/____
Yrs. Mos.

Full-time Part-time
(40 hours/week) () Hrs / week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for Leaving _____

2. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

From: ____/____/____ To: ____/____/____
Mo. / Yr. Mo. /Yr.

Total: ____/____
Yrs. Mos.

Full-time Part-time
(40 hours/week) () Hrs. / week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for Leaving _____

3. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

From: ____/____/____ To: ____/____/____
Mo. / Yr. Mo. /Yr.

Total: ____/____
Yrs. Mos.

Full-time Part-time
(40 hours/week) () Hrs. / week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for Leaving _____

4. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

From: ____/____/____ To: ____/____/____
Mo. / Yr. Mo. /Yr.

Total: ____/____
Yrs. Mos.

Full-time Part-time
(40 hours/week) () Hrs. / week

Your title: _____ Immediate Supervisor: _____

Employer/Supervisor Phone Number: _____

Duties: _____

Machines/Equipment used: _____

Number and Title of people you supervised: _____

Reason for Leaving _____

5. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: _____ / _____ Mo. / Yr. Mo. / Yr. Total: _____ / _____ Yrs. Mos. Full-time (40 hours/week) (Part-time Hrs. / week | Your title: _____ Immediate Supervisor: _____ |
| | Employer/Supervisor Phone Number: _____ |
| | Duties: _____ _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |

6. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: _____ / _____ Mo. / Yr. Mo. / Yr. Total: _____ / _____ Yrs. Mos. Full-time (40 hours/week) (Part-time Hrs. / week | Your title: _____ Immediate Supervisor: _____ |
| | Employer/Supervisor Phone Number: _____ |
| | Duties: _____ _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |

7. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: _____ / _____ Mo. / Yr. Mo. / Yr. Total: _____ / _____ Yrs. Mos. Full-time (40 hours/week) (Part-time Hrs. / week | Your title: _____ Immediate Supervisor: _____ |
| | Employer/Supervisor Phone Number: _____ |
| | Duties: _____ _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |

- (Initial)
- _____ 1) I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information it shall be sufficient cause for disqualification or dismissal.
- _____ 2) 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 Reno Justice Court and any agent acting on its behalf to conduct an inquiry into my potential or continued employment with the Court and authorize the release of any such information, including but not limited to schools, prior employers and any criminal conviction on my record. Moreover, I hereby release Reno Justice Court and any agent acting on its behalf from any liability by reason of requesting such information from any person and its subsequent release as provided herein.
- _____ 4) By signing below I acknowledge that if I am employed by said Court I am an employee at-will, that is, if I am hired my employment may be terminated for any reason or no reason.

I REQUEST THAT YOU DO NOT CONTACT MY PRESENT EMPLOYER WITHOUT MY PRIOR CONSENT.

| | |
|---|-------------|
| Signature (Typing your name acts as your signature) | DATE: _____ |
| List any other names you have used: _____ | |

Should more space be needed to list your employment history, ADDITIONAL employment history forms are available for your use.
PLEASE REMEMBER TO KEEP A COPY OF YOUR APPLICATION WHEN COMPLETED. You may be asked to bring a copy of your current application to job interviews and you may need it for future reference when applying for other positions.

ADDITIONAL EMPLOYMENT SHEET

___ EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: ____/____/____ Mo. / Yr. To: ____/____/____ Mo. /Yr. | Your title: _____ Immediate Supervisor: _____ |
| Total: ____/____ Yrs. Mos. | Employer/Supervisor Phone Number: _____ |
| Full-time (40 hours/week) | Duties: _____ |
| () Part-time Hrs. / week | _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |

___ EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: ____/____/____ Mo. / Yr. To: ____/____/____ Mo. /Yr. | Your title: _____ Immediate Supervisor: _____ |
| Total: ____/____ Yrs. Mos. | Employer/Supervisor Phone Number: _____ |
| Full-time (40 hours/week) | Duties: _____ |
| () Part-time Hrs. / week | _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |

___ EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: ____/____/____ Mo. / Yr. To: ____/____/____ Mo. /Yr. | Your title: _____ Immediate Supervisor: _____ |
| Total: ____/____ Yrs. Mos. | Employer/Supervisor Phone Number: _____ |
| Full-time (40 hours/week) | Duties: _____ |
| () Part-time Hrs. / week | _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |

___ EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

| | |
|--|--|
| From: ____/____/____ Mo. / Yr. To: ____/____/____ Mo. /Yr. | Your title: _____ Immediate Supervisor: _____ |
| Total: ____/____ Yrs. Mos. | Employer/Supervisor Phone Number: _____ |
| Full-time (40 hours/week) | Duties: _____ |
| () Part-time Hrs. / week | _____ |
| | _____ |
| | Machines/Equipment used: _____ |
| | Number and Title of people you supervised: _____ |
| | Reason for Leaving _____ |