



**Indian Hills General Improvement District**  
**3394 James Lee Park Rd. #A**  
**Carson City, NV 89705**  
**Phone #: (775) 267-2805 Fax #: (775) 267-3510**

**EMPLOYMENT APPLICATION**  
**An Equal Opportunity Employer**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Are you a current **employer** employee? Yes  No  If Yes, what department? \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Circle One: Full Time Part Time Seasonal Temporary

Have you been given a job description or had the requirements of the job explained to you? Yes  No

Do you understand the job requirements? Yes  No

Can you perform the requirements of this job with or without reasonable accommodations? Yes  No

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate? Yes  No

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

For positions which require a high school graduation or GED or a college degree, a copy of the high school diploma/GED certificate or college diploma may be required.

**LICENSES** (Optional, unless required for the position for which you are now applying.)

List driver's license and other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

List any special skills you possess and/or equipment or office machines you can operate.

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**OTHER INFORMATION**

If you are not a current **employer** employee, have you previously worked for the **employer**?

Yes  No  When? \_\_\_\_\_

Is a relative of yours currently employed by the **employer**? Yes  No  Name: \_\_\_\_\_

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes  No  A conviction or guilty plea will not necessarily disqualify you for this job. If yes, list all such offenses and provide date, name of court, and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

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Have you ever been disciplined in your employment related to workplace violence? Yes  No  If yes, please explain:

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Do you presently use illegal drugs? Yes  No

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**EMPLOYMENT HISTORY**

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position -- even though with the same employer. List only employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets if necessary. Do NOT use references such as "See Resume" in place of completing this section.

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May we contact all employers listed? Yes  No  (Attach a list of any exceptions with an explanation.)

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Present Employer: \_\_\_\_\_ Present Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued)**

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ # of employees supervised: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application.

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### PERSONAL REFERENCES

Give the name, address (home or business) and telephone number of three persons NOT RELATED to you and not employers who have knowledge of your character, work experience, ability and accomplishments.

NAME	ADDRESS	PHONE #	OCCUPATION

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### ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, contact Human Resources at (775) 267-2805.

- Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.
  - All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.
  - Employment will be *at-will* unless specifically stated to be otherwise. "*At-will*" means the **employer** may terminate my employment at any time with no advance notice and for any reason or no reason.
  - This application is the property of the **employer** and will become part of my personnel file if I am hired.
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I authorize **employer** to contact any employer or individual that I have listed on my employment application and/or resume or mentioned in job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits, or other qualifications for employment and/or continued employment with **employer**. I further authorize **employer** to contact any institution and/or licensing authority for job-related information regarding education, licenses, and/or certificates which I may currently hold or may have held in the past.

In exchange for **employer's** consideration of my employment application, and/or my continued employment with **employer**, if any, I authorize anyone possessing this information to furnish it to **employer** upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including **employer**, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

I further understand this consent will apply during the course of my employment with **employer**, should I obtain such employment. I understand and agree this consent shall remain in effect indefinitely.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_