



Lander County Sheriff's Office
P.O. Box 1625, Battle Mountain, NV 89820
(775) 635-1100 -- FAX (775) 635-2577

EMPLOYMENT APPLICATION & INSTRUCTIONS

An Equal Opportunity Employer

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

THIS IS AN INSTRUCTIONAL PAGE
READ THIS ENTIRE PAGE CAREFULLY AND COMPLETELY

Attention Applicant

This is an application for employment with the Lander County Sheriff's Office

All information you provide is subject to verification. Omissions, inaccuracies, untruthfulness or incomplete statements will bar or remove you from any consideration for employment, or terminate your employment if already hired. Failure to complete this application in its entirety will disqualify you from further consideration of employment.

It is to your advantage to respond openly and honestly. Any negative factor will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency.

Complete each section of the application by printing or typing your responses. If you print, use blue or black ink, (NO PENCIL).

Resumes, licenses, certificates, etc. may accompany the application but will not be considered a substitute for completing any portion of the application.

Ensure you initial each acknowledgement statement and sign the application. Applications without each acknowledgement statement initialed or the application signed will be cause for disqualification.

Delivery of your completed application may be accomplished by:

Mail Lander County Sheriff's Office
Attention Human Resources
Post Office Box 1625
Battle Mountain, Nevada 89820

FAX Lander County Sheriff's Office
Attention Human Resources
(775) 635-2577

Lander County does not make employment decisions based on gender, race, color, religion, national origin, ancestry, age, marital status, physical handicap, sexual orientation, or any other legally protected status.



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EMPLOYMENT APPLICATION

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If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email address: _____

Telephone(s) Home () _____ Cell () _____ Work () _____

Position(s) Applied for _____

How did you hear about this position? Advertisement Walk-In Referral (by whom?) _____

Other (explain) _____

If offered employment, when will you be available to begin? _____

What type of employment will you accept? Full-Time Part-Time Relief/Temporary

Will you be available for shift work?..... Yes No

Will you be available to work weekends and/or holidays if necessary?..... Yes No

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 essential functions of this job with or without reasonable accommodation? Yes No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement or job description. Do you meet the minimum age requirement now?..... Yes No

After an offer of employment, can you submit verification of age?..... Yes No

After an offer of employment, can you submit verification of your legal right to work in the United States? Yes No

List other names, if any, you have used. _____

EDUCATION RECORD

Did you graduate from High School or receive a GED equivalent?..... Yes No

Do you possess a College Degree?..... Yes No

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

LICENSES & EXPERIENCE (Related to the position for which you are now applying.)

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

List any relevant experience that you have, related to the position you are now applying. Use additional sheets if necessary.

Do you possess a valid driver's license? Yes No

Drivers License # _____ State _____ Expiration _____ Class _____

For positions that require typing: I certify that I can type at a speed of _____ WPM.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Reading fluency in _____

Written fluency in _____

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

OTHER INFORMATION

All employees have access to Criminal Justice Information; therefore, these questions must be answered by all applicants

Have you ever been convicted of, pled guilty or nolo contendere (No Contest) to, or been granted deferred adjudication for a felony, gross misdemeanor, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?..... Yes No

Do you have any pending court charges that have not been adjudicated?..... Yes No

If you have answered yes to either question, list all such offenses and provide date, name of court, and disposition (if any). You may omit minor traffic violations for which you paid a fine of \$50 or less. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment. Attach sheets as necessary.

Do you presently use illegal drugs? Yes No

Have you ever been employed by Lander County? Yes No

Have you ever been disciplined in your employment related to workplace violence?..... Yes No

If yes, please provide the following information: Department _____

Position Title _____ Dates of Employment _____

Reason for Separation: _____ Are you eligible for rehiring? Yes No

Are you related to anyone who is currently employed by Lander County? Yes No

If yes, please provide the following information: Related person's name _____

Department _____ Relationship _____

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do NOT use references such as "See Résumé" in place of completing this section.

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

Present Employer _____ Present Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ .. Full-Time (30+ hrs/wk) .. Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone () _____

Related Duties _____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ .. Full-Time (30+ hrs/wk) .. Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone () _____

Related Duties _____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ .. Full-Time (30+ hrs/wk) .. Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone() _____

Related Duties _____

Reason for Leaving _____

**** COPY THIS PAGE AS NECESSARY ****

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone(_____)
Related Duties _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone(_____)
Related Duties _____

Reason for Leaving _____

Employer _____ Position _____
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Related Duties _____

Reason for Leaving _____

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ACKNOWLEDGMENTS

Please READ ALL of the following statements and INITIAL EACH of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Lander County Sheriff's Office, (Human Resources Clerk).

_____ 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.

_____ This application is the property of Lander County Sheriff's Office and will become part of my personnel file if I am hired.

_____ I authorize Lander County Sheriff's Office to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with Lander County Sheriff's Office. In addition, I authorize Lander County Sheriff's Office to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize Lander County Sheriff's Office to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize Lander County Sheriff's Office to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

_____ In exchange for Lander County Sheriff's Office consideration of my employment application, and/or any continued employment with Lander County Sheriff's Office, I authorize anyone possessing information to furnish it to Lander County Sheriff's Office upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Lander County Sheriff's Office, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is 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 entire course of my employment with Lander County Sheriff's Office should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.

_____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with *Employer* Lander County Sheriff's Office. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Lander County Sheriff's Office constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that Lander County Sheriff's Office is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to Lander County Sheriff's Office. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

_____ Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, if qualifications of applicants are equal: a) first, to an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

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

Signature of Applicant _____ Date _____

Agency Use Only	
Date Received: _____	By: _____
Initial Assessment Qualification Results: _____	