



JOB & FAMILY SERVICES
OF CLARK COUNTY

Employment Application

(An Equal Opportunity/ADA Compliant Employer)

POSITION APPLYING FOR (Please be specific) _____

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Number Street City State Zip Code

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ Telephone: _____

Are you legally eligible for employment with the C.C.J.F.S.? Yes No (Proof of U.S. Citizenship or Immigration Status will be required upon employment)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If Yes, please explain: _____

EMPLOYMENT HISTORY

1. Employer's Name: _____

Address: _____

Position Held: _____ To: _____ From: _____

Rate of Pay: _____ Reason for Leaving: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

May we contact your current employer? Yes No

2. Employer's Name: _____

Address: _____

Position Held: _____ To: _____ From: _____

Rate of Pay: _____ Reason for Leaving: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

3. Employer's Name: _____

Address: _____

Position Held: _____ To: _____ From: _____

Rate of Pay: _____ Reason for Leaving: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

See Reverse Side

EDUCATIONAL HISTORY

High School: Name and Location: _____

Graduated: Yes No Certificate: _____

College: Name and Location: _____

Dates Attended: ____/____ to ____/____ Graduated: Yes No Certificate: _____

Training School: Name and Location: _____

Dates Attended: ____/____ to ____/____ Graduated: Yes No Certificate: _____

Licenses: _____

In addition to your education, are there are other skills, qualifications, or experience we should consider: _____

REFERENCES

Below, please list the names, position and telephone numbers of three individuals, other than relatives, who we may contact for professional recommendations.

1. _____
Name Position Phone
 2. _____
Name Position Phone
 3. _____
Name Position Phone
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EMERGENCY INFORMATION

In the space provided below, please provide the name, address and telephone of one person who will always know your whereabouts. This information will be used only in case of an emergency.

Name Position Phone

CONSENT TO RELEASE RECORD INFORMATION

I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I agree to undergo a physical examination, if required, and authorize the examining physician to render to the Human Resource Department the results of the examination. I hereby release all information relating to employment, educational, police, and medical records to the Clark County Department of Job and Family Services. I give the employer the right to investigate all references and to secure additional job related information about me.

Signature Printed Name

Social Security Number Date of Application

All applications are kept on file for the calendar year in which they are submitted. To be considered for a position, you must notify the Human Resource Office during the posting period and ask that your application be placed into consideration for that specific position. You may call the Human Resource Office at 327-1851 to see if we have any postings.

*Individuals requiring special accommodation for an interview should notify the Personnel office at 327-1850