

**WASHOE COUNTY DEPARTMENT OF HUMAN RESOURCES**



1001 E. NINTH STREET  
P.O. BOX 11130  
RENO, NEVADA 89520  
(775) 328-2080 - OFFICE  
(775) 328-6119 - FAX  
(775) 328-2091 - HOTLINE  
(775) 328-3685 - TDD

**REQUEST FOR REINSTATEMENT**

**PLEASE PRINT WHEN COMPLETING THIS FORM.** Note that a completed Washoe County Application for Employment and Skills Self-Assessment form must accompany this request.

Name: \_\_\_\_\_

Former Job Classification: \_\_\_\_\_

Exact date you left your former classification: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

A reinstatement consists of placement in a classification in which you formerly held permanent status or to a classification that required reasonably similar knowledge, skills, and abilities to that classification. If you wish, list the classification(s) for which you request to be considered for reinstatement. Final determination as to which classification(s) you are eligible to reinstate into will be made by the Department of Human Resources.

\_\_\_\_\_  
\_\_\_\_\_

Once those classifications into which you are eligible to reinstate are determined, your name will be placed on the corresponding eligible list(s). Your name will remain on those eligible lists for three (3) years from the date you left your former classification or until you accept a reinstatement, whichever occurs first.

*I understand that I may remain on eligible lists as a reinstatement for up to three (3) years from the date I left my former classification. I also understand that if appointed as a reinstatement, I must serve a new probationary period if I had resigned from my former classification. Reinstatement of a permanent employee shall not require the service of a new probationary period. {Per Section 5.195 of the Washoe County Code.}*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT OF HUMAN RESOURCES

\_\_\_\_\_  
DATE

\_\_\_\_\_ Approved as requested \_\_\_\_\_ Approved with changes \_\_\_\_\_ Denied

**WASHOE COUNTY DEPARTMENT OF HUMAN RESOURCES**  
**SKILLS SELF-ASSESSMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please indicate those skills that you have acquired through formal training, education or work experience.

SKILL LEVEL: Check (√) the column that most accurately describes your level of skill in each area.

WHERE OBTAINED:

Use the letter **J** for experience obtained on a **paid job**.

Use the letter **O** for experience obtained some **other place**. (PLEASE INDICATE ON THE BACK OF THIS SHEET WHERE YOUR EXPERIENCE WAS OBTAINED.)

Use the letter **N** for **no experience** in this area.

TASK PERFORMED UNSUPERVISED: Indicate **Yes** or **No**.

	SKILL LEVEL			<u>WHERE OBTAINED</u>	<u>TASK PERFORMED UNSUPERVISED</u>
	<u>Little</u>	<u>Moderate</u>	<u>High</u>		
Typing	_____	_____	_____	_____	_____
Shorthand	_____	_____	_____	_____	_____
<u>OFFICE MACHINES:</u>					
Calculator	_____	_____	_____	_____	_____
Copier	_____	_____	_____	_____	_____
Dictating Equipment	_____	_____	_____	_____	_____
<u>COMPUTER:</u>					
Word Processor	_____	_____	_____	_____	_____
Data Base	_____	_____	_____	_____	_____
Data Entry	_____	_____	_____	_____	_____
Operations	_____	_____	_____	_____	_____
Spreadsheet	_____	_____	_____	_____	_____

(Name equipment/software packages: ) \_\_\_\_\_

**WASHOE COUNTY DEPARTMENT OF HUMAN RESOURCES**

	SKILL LEVEL			<u>WHERE OBTAINED</u>	<u>TASK PERFORMED UNSUPERVISED</u>
	<u>Little</u>	<u>Moderate</u>	<u>High</u>		
<u>ADMINISTRATIVE:</u>	_____	_____	_____	_____	_____
Accounts Payable/Receivable	_____	_____	_____	_____	_____
Bookkeeping	_____	_____	_____	_____	_____
Payroll	_____	_____	_____	_____	_____
Personnel	_____	_____	_____	_____	_____
Purchasing	_____	_____	_____	_____	_____
Records Maintenance (Filing, describe types:)	_____	_____	_____	_____	_____
<u>OTHER:</u>					
Public Contact	_____	_____	_____	_____	_____
Receptionist	_____	_____	_____	_____	_____
Supervision	_____	_____	_____	_____	_____
Medical Terminology	_____	_____	_____	_____	_____
Legal Terminology	_____	_____	_____	_____	_____

Finally, please take a moment to write down any additional skills, or any comments about your career goals, your preference for types of jobs, or any other information that you would like us to keep in mind about you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# WASHOE COUNTY APPLICATION FOR EMPLOYMENT

1001 E. NINTH ST.  
P.O. BOX 11130  
RENO, NV 89520  
775-328-2080 OFFICE  
775-328-3685 TDD  
775-328-6119 FAX  
www.co.washoe.nv.us

JOB ANNOUNCEMENT NUMBER:	TITLE OF JOB FOR WHICH YOU ARE APPLYING:	SOCIAL SECURITY NUMBER: Optional
(Please Print) NAME: Last	First	Middle Initial
CURRENT MAILING ADDRESS: Number	Street	City State Zip Code
Home Phone:	Business OR Msg Phone:	VALID DRIVER'S LICENSE NUMBER: STATE EXPIRE DATE

**(OPTIONAL) E-MAIL ADDRESS:**

HAVE YOU EVER BEEN EMPLOYED BY WASHOE COUNTY GOVERNMENT?  Yes  No (If your answer is yes, please use either the back of this form, or an additional sheet to list the specific dates, job title, department, and the name of your supervisor. Omission of this information can lead to disqualification or dismissal.)

**IMPORTANT - Are you a Veteran?**  Yes  No Eligible veterans who were honorably discharged from the U.S. Armed Forces shall receive one (1) bonus point upon passing open competitive examinations. In order to be given a bonus point, applicants must show proof of **HONORABLE DISCHARGE (DD 214)** prior to establishment of the eligible list. Six months reservists are not eligible.

**IMPORTANT:** Please list preferred Department(s) on line below:

List Department(s) you do not wish to interview with on the line below:

<b>YOU WILL ACCEPT- JOB TYPE AVAILABILITY:</b> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (20+ HRS / WK) <input type="checkbox"/> TEMPORARY(6 MOS OR LESS) <input type="checkbox"/> INTERMITTENT HOURLY (ON-CALL)	<b>YOU WILL ACCEPT- SHIFT AVAILABILITY:</b> <input type="checkbox"/> DAY <input type="checkbox"/> SWING SHIFT <input type="checkbox"/> GRAVEYARD <input type="checkbox"/> WEEKEND <input type="checkbox"/> ROTATING	<b>YOU WILL ACCEPT- AREA AVAILABILITY:</b> <input type="checkbox"/> RENO / SPARKS <input type="checkbox"/> INCLINE VILLAGE <input type="checkbox"/> GERLACH <input type="checkbox"/> VYA	<b>YOUR AVAILABLE DATE:</b> <input type="checkbox"/> AVAILABLE IMMEDIATELY <input type="checkbox"/> 2 OR MORE WEEKS NOTICE <input type="checkbox"/> NOT AVAILABLE NOW, BUT WILL BE _____
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**CONVICTION:** Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Include drunk, reckless, hit-run and military convictions.)  Yes  No **NOTE: A conviction is not necessarily a bar to employment.**

**LACK OF REQUESTED INFORMATION IS BASIS REJECTING AN APPLICATION. PLEASE EXPLAIN BELOW:**

CONVICTION DATES & NATURE (use additional sheet if necessary):

LIST JOB-RELATED CERTIFICATES / LICENSES, REGISTRATIONS, TYPING / DATA ENTRY, SHORTHAND SPEED, BILINGUAL AND OTHER SPECIAL ABILITIES, ETC. 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

NAME 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 OFFICE USE ONLY**

EVALUATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPT  REJECT - EXPERIENCE  REJECT - EDUCATION  REJECT - NO REQUIRED LICENSE/CERTIFICATION  
 REJECT - TYPING  REJECT - DATA ENTRY  REJECT - OTHER (EXPLAIN) \_\_\_\_\_

REEVALUATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  APPLICANT WITHDRAWAL DATE \_\_\_\_\_

ACCEPT  REJECT  COMMENTS \_\_\_\_\_

APPLICATION ENCODED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PROOFED: \_\_\_\_\_

PLEASE LIST JOBS BEGINNING WITH THE MOST RECENT.

1. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
<b>Length of Experience:</b>		Your Title _____	Immediate Supervisor _____
From _____ / _____ To _____ / _____	Mo. / Yr. Mo. / Yr.	Employer/Supervisor Phone Number _____	
Total: _____ / _____	Yrs / Mos	Duties _____	
[ ] Full-Time OR [ ] Part-Time		Machines/Equipment Used _____	
(40 Hrs/Week) ( _____ Hrs. /Wk)		Number and Title of people you supervised _____	
Monthly Salary _____		Reason for leaving _____	

2. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
<b>Length of Experience:</b>		Your Title _____	Immediate Supervisor _____
From _____ / _____ To _____ / _____	Mo. / Yr. Mo. / Yr.	Employer/Supervisor Phone Number _____	
Total: _____ / _____	Yrs / Mos	Duties _____	
[ ] Full-Time OR [ ] Part-Time		Machines/Equipment Used _____	
(40 Hrs/Week) ( _____ Hrs. /Wk)		Number and Title of people you supervised _____	
Monthly Salary _____		Reason for leaving _____	

3. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
<b>Length of Experience:</b>		Your Title _____	Immediate Supervisor _____
From _____ / _____ To _____ / _____	Mo. / Yr. Mo. / Yr.	Employer/Supervisor Phone Number _____	
Total: _____ / _____	Yrs / Mos	Duties _____	
[ ] Full-Time OR [ ] Part-Time		Machines/Equipment Used _____	
(40 Hrs/Week) ( _____ Hrs. /Wk)		Number and Title of people you supervised _____	
Monthly Salary _____		Reason for leaving _____	

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 Washoe County and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the county and authorize the release of any such information, including, but not limited to, prior employers and any criminal conviction on my record. Moreover, I hereby release Washoe County 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.

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

HAVE YOU IN THE PAST, OR DO YOU PRESENTLY WORK FOR WASHOE COUNTY IN ANY CAPACITY, INCLUDING TEMPORARY JOBS? IF YOUR ANSWER IS YES, PLEASE GIVE SPECIFIC DATES AND LIST YOUR JOB TITLE, DEPARTMENT IN WHICH YOU WORKED AND YOUR SUPERVISOR. OMISSION OF THIS INFORMATION CAN LEAD TO DISQUALIFICATION OR DISMISSAL.

Signature (DO NOT PRINT) \_\_\_\_\_ Date \_\_\_\_\_ SSN \_\_\_\_\_

List any other names that 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.

PLEASE ATTACH COPIES OF APPROPRIATE CERTIFICATIONS, LICENSES, AND/OR TRANSCRIPTS TO THIS APPLICATION appbk rev 6/01