

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 VOLUNTARY DEMOTION

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: _____

Employee ID #: _____

Current Job Classification: _____

A voluntary demotion consists of movement from one classification to another classification which must have a lower maximum salary range and require reasonably similar knowledge, skills, and abilities. If you wish, list the classification(s) for which you request to be considered for voluntary demotion. Final determination as to which classification(s) you are eligible to demote into will be made by the Department of Human Resources.

Once those classifications into which you are eligible to demote are determined, your name will be placed on the corresponding eligible list(s). Your name will remain on those eligible lists for one (1) year or until you accept a voluntary demotion, whichever occurs first, after which it will be necessary for you to reapply in order to remain under consideration for voluntary demotion.

I understand that if I am a permanent employee appointed as a voluntary demotion, I shall not serve a new probationary period. If I am currently serving a probationary period, however, I shall serve the remaining portion of the probationary period in the position to which I demote. If I fail to successfully complete that probationary period, I do not have the right to return to my former position. {Per Section 5.199 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			WHERE OBTAINED	TASK PERFORMED UNSUPERVISED
	Little	Moderate	High		
Typing	_____	_____	_____	_____	_____
Shorthand	_____	_____	_____	_____	_____
<u>OFFICE MACHINES:</u>					
Calculator	_____	_____	_____	_____	_____
Copier	_____	_____	_____	_____	_____
Dictating Equipment	_____	_____	_____	_____	_____

COMPUTER:

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 VOICE
775-328-3685 TDD
775-328-6119 FAX
www.co.washoe.nv.us

JOB ANNOUNCEMENT NUMBER:	TITLE OF JOB FOR WHICH YOU ARE APPLYING	EMPLOYEE ID #
(Please Print) NAME: LAST	FIRST	MIDDLE INITIAL
CURRENT MAILING ADDRESS (House or Apt. #, Street, P O Box, etc.)		
CITY	STATE	ZIP
HOME PHONE:	BUSINESS/MSG PHONE	VALID DRIVERS LICENSE NUMBER/ STATE/ EXPIRE DATE

(Optional) E-MAIL ADDRESS:

HAVE YOU EVER BEEN EMPLOYED BY WASHOE COUNTY: 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 name of your supervisor. Omission of this information may 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 with Classification of Discharge)** prior to establishment of the eligible list. Six month reservists are not eligible.

IMPORTANT: Please list Departments of interest:

List Department(s) you do not wish to interview with:

JOB AVAILABILITY:	SHIFT AVAILABILITY:	AREA AVAILABILITY:	AVAILABLE DATE:
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (20+ HRS PER WK) <input type="checkbox"/> TEMPORARY (6 MOS OR LESS) <input type="checkbox"/> INTERMITTENT HOURLY (ON-CALL)	<input type="checkbox"/> DAY <input type="checkbox"/> SWING SHIFT <input type="checkbox"/> GRAVEYARD <input type="checkbox"/> WEEKEND <input type="checkbox"/> ROTATING	<input type="checkbox"/> RENO / SPARKS <input type="checkbox"/> INCLINE VILLAGE <input type="checkbox"/> GERLACH <input type="checkbox"/> VYA	<input type="checkbox"/> AVAILABLE IMMEDIATELY <input type="checkbox"/> 2 OR MORE WEEKS NOTICE <input type="checkbox"/> NOT AVAILABLE NOW, BUT WILL BE _____

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 FOR REJECTING AN APPLICATION. PLEASE EXPLAIN CONVICTIONS 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 - NO REQUIRED LICENSE
 REJECT - OTHER (Explain) _____

REEVALUATED BY _____ DATE _____ APPLICANT WITHDRAWAL DATE _____

ACCEPT REJECT COMMENTS _____

APPLICATION ENCODED BY _____ DATE _____ PROOFED _____

WASHOE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS

PLEASE LIST JOBS BEGINNING WITH THE MOST RECENT

1. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____
 Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr. Total: ____ / ____ Yrs. Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week) (____) Hrs./Wk Monthly Salary: _____	Your Title: _____ Immediate Supervisor: _____ Employer/Supervisor Phone Number: _____ Duties _____ _____ _____ _____ _____ Machines/Equipment used: _____ Number and Title of people you supervised: _____ Reason for leaving: _____
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2. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____
 Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr. Total: ____ / ____ Yrs. Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week) (____) Hrs./Wk Monthly Salary: _____	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: _____
 Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr. Total: ____ / ____ Yrs. Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week) (____) Hrs./Wk Monthly Salary: _____	Your Title: _____ Immediate Supervisor: _____ Employer/Supervisor Phone Number: _____ Duties _____ _____ _____ _____ _____ Machines/Equipment used: _____ Number and Title of people you supervised: _____ Reason for leaving: _____
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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 authorizes 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 THE 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	Social Security Number
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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 IF REQUESTED IN THE JOB ANNOUNCEMENT.

4. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	To: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	Your Title: _____	Immediate Supervisor: _____
Total: ____ / ____ Yrs. Mos.		Employer/Supervisor Phone Number: _____	
[] Full-time OR [] Part-time (40 hrs/week) (____) Hrs./Wk		Duties _____	
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

5. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	To: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	Your Title: _____	Immediate Supervisor: _____
Total: ____ / ____ Yrs. Mos.		Employer/Supervisor Phone Number: _____	
[] Full-time OR [] Part-time (40 hrs/week) (____) Hrs./Wk		Duties _____	
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

6. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	To: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	Your Title: _____	Immediate Supervisor: _____
Total: ____ / ____ Yrs. Mos.		Employer/Supervisor Phone Number: _____	
[] Full-time OR [] Part-time (40 hrs/week) (____) Hrs./Wk		Duties _____	
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

7. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

Length of Experience: _____

From: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	To: ____ / ____ / ____ Mo. /Yr. Mo. /Yr.	Your Title: _____	Immediate Supervisor: _____
Total: ____ / ____ Yrs. Mos.		Employer/Supervisor Phone Number: _____	
[] Full-time OR [] Part-time (40 hrs/week) (____) Hrs./Wk		Duties _____	
Monthly Salary: _____		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		Reason for leaving: _____	

NAME: _____	SSN _____	DATE _____
TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____		
ADDITIONAL EMPLOYMENT INFORMATION SHEET		