



# SPARKS JUSTICE COURT APPLICATION FOR EMPLOYMENT

630 Greenbrae Drive  
Sparks, Nevada 89431  
775-353-7600 (VOICE)  
775-352-3004 (Fax)

TITLE OF JOB FOR WHICH YOU ARE APPLYING:			SOCIAL SECURITY NUMBER
(Please Print) NAME: LAST	FIRST	MIDDLE	
CURRENT MAILING ADDRESS (House or Apt #, Street, P.O. Box etc.)	CITY	STATE	ZIP
HOME PHONE	BUSINESS/MSG PHONE	EMAIL ADDRESS (FOR COURTS CONTACT USE ONLY)	VALID DRIVER'S LICENSE NUMBER/STATE/EXPIRE DATE

<b>JOB AVAILABILITY:</b>  <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"/> SEASONAL <input type="checkbox"/> INTERMITTENT HOURLY (ON-CALL)	<b>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 ON _____
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**CONVICTION:** Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Include drunk driving, reckless driving, hit and run, domestic violence 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 AND NATURE** (Use additional sheet if necessary):

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LIST JOB RELATED CERTIFICATES / LICENSES, REGISTRATIONS, TYPE/DATA ENTRY, SHORTHAND SPEED, BILINGUAL AND OTHER SPECIAL ABILITIES 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

NAMES 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:					

<b>THIS AREA FOR OFFICIAL USE ONLY</b>			
EVALUATED BY:		DATE:	
<input type="checkbox"/> ACCEPT	<input type="checkbox"/> REJECT-EXPERIENCE	<input type="checkbox"/> REJECT - EDUCATION	<input type="checkbox"/> REJECT - NO REQUIRED LICENSE
<input type="checkbox"/> REJECT- OTHER REASON (Explain)			
RE-EVALUATED BY:		DATE:	
<input type="checkbox"/> APPLICANT WITHDRAWAL:		DATE:	
<input type="checkbox"/> ACCEPT	<input type="checkbox"/> REJECT	COMMENTS:	
APPLICATION ENCODED BY:		DATE:	PROOFED:

PLEASE LIST JOBS BEGINNING WITH THE MOST RECENT

1. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

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

2. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

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

3. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

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

- (Initial) \_\_\_\_\_
- 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 Sparks Justice Court and any agent acting on its behalf to conduct an inquiry into my potential or continued employment with the Court and authorize the release of any such information, including but not limited to schools, prior employers and any criminal conviction on my record. Moreover, I hereby release Sparks Justice Court 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.
  - 4) By signing below I acknowledge that if I am employed by said Court I am an employee at-will, that is, if I am hired my employment may be terminated for any reason or no reason.
- [ ] I REQUEST THAT YOU DO NOT CONTACT MY PRESENT EMPLOYER WITHOUT MY PRIOR CONSENT.

Signature (DO NO PRINT) \_\_\_\_\_ DATE: \_\_\_\_\_

List any other names 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.

ADDITIONAL EMPLOYMENT SHEET

1. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
 Mo. / Yr Mo./Yr.

Total: \_\_\_\_\_ / \_\_\_\_\_  
 Yrs. Mos.

Full-time (40 hours/week)       Part-time (    ) Hrs. / week

Your title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer/Supervisor Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Machines/Equipment used: \_\_\_\_\_

Number and Title of people you supervised: \_\_\_\_\_

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

Monthly Salary: \_\_\_\_\_

2. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
 Mo. / Yr Mo./Yr.

Total: \_\_\_\_\_ / \_\_\_\_\_  
 Yrs. Mos.

Full-time (40 hours/week)       Part-time (    ) Hrs. / week

Your title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer/Supervisor Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Machines/Equipment used: \_\_\_\_\_

Number and Title of people you supervised: \_\_\_\_\_

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

Monthly Salary: \_\_\_\_\_

3. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
 Mo. / Yr Mo./Yr.

Total: \_\_\_\_\_ / \_\_\_\_\_  
 Yrs. Mos.

Full-time (40 hours/week)       Part-time (    ) Hrs. / week

Your title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer/Supervisor Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Machines/Equipment used: \_\_\_\_\_

Number and Title of people you supervised: \_\_\_\_\_

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

Monthly Salary: \_\_\_\_\_

4. EMPLOYER NAME: \_\_\_\_\_ EMPLOYER LOCATION: \_\_\_\_\_

Length of Experience:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
 Mo. / Yr Mo./Yr.

Total: \_\_\_\_\_ / \_\_\_\_\_  
 Yrs. Mos.

Full-time (40 hours/week)       Part-time (    ) Hrs. / week

Your title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer/Supervisor Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

Machines/Equipment used: \_\_\_\_\_

Number and Title of people you supervised: \_\_\_\_\_

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

Monthly Salary: \_\_\_\_\_