



3500 MEADE AVE. LAS VEGAS, NV 89102-7844

Phone (702) 873-4810

Once complete, please fax to (702) 873-7599

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

| | | | | |
|----------------|--------------|----------------|------------------------|----------|
| NAME | | DOB (OPTIONAL) | SOCIAL SECURITY NUMBER | |
| STREET ADDRESS | | CITY | STATE | ZIP CODE |
| PHONE NUMBER | REFERRED BY: | | | |

EMPLOYMENT DESIRED

| | | |
|----------|--------------------|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
|----------|--------------------|----------------|

| | | | | |
|-------------------|--|--------------------------------------|--------|-------|
| ARE YOU EMPLOYED? | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN? |
|-------------------|--|--------------------------------------|--------|-------|

EDUCATION INFORMATION

NAME AND LOCATION OF SCHOOL

| GRAMMAR SCHOOL | | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|-----------------------------------|--|----------------|------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE | | | | |

GENERAL

| |
|---|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING /SKILLS: |
| |
| |
| U.S. MILITARY OR NAVAL SERVICE/RANK |

FORMER EMPLOYERS

(STARTING WITH LAST OR PRESENT ONE FIRST)

| FROM/TO | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------|------------------------------|--------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REFERENCES:

(LIST THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

| NAME AND PHONE | ADDRESS | BUSINESS | YEARS KNOWN |
|----------------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

REMARKS

| | | | |
|-------------|-----------|------------|--------|
| NEATNESS | CHARACTER | | |
| PERSONALITY | ABILITY | | |
| | | | |
| HIRED | POSITION | START DATE | SALARY |