



## Welcome to Washoe County

We are pleased that you have selected Washoe County as your employer and welcome you to the team.

Your Department HR Representative is Joanna Schultz and they will ensure your successful integration into the County by assisting you with completing the required new hire paperwork; signing you up for orientation and mandatory trainings, if applicable; and answering general questions you may have. The goal is to orient you to both your new job and the County.

With this in mind, the following information is provided to familiarize you with the County and to guide you through the onboarding process:

- Welcome letter from County Manager\*
- New Employee Orientation Agenda\*
- Discrimination, Harassment and Retaliation Policy Training Memo
- New Employee Onboarding Recommendations
- New Employee Safety Orientation Checklist
- New Employee Working at Washoe County
- PERS New Member Booklet\*
- County Complex Employee Parking Map
- Risk Management Information: Workers Compensation, Hazard Communication and Personal Property Losses
- Employee Labor Agreement, if applicable-[Labor Units](#)\*
- Please refer to the Washoe County Human Resources Policy and Procedures web page for full listing of policies and procedures.

<https://www.washoecounty.us/humanresources/Policies/policiesguidelines.php>

Please sign below to acknowledge receipt of these materials. A copy will be retained in your Personnel file.

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: CSD - PARKS



## Demographic Self-Identification (Optional)

Washoe County is subject to certain governmental recordkeeping and reporting requirements. The voluntary self-identifying information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government or other governmental agency. Personally Identifiable Information (PII), such as names or employee numbers, will not be attached to this form or the associated reports, and this form will not be retained in your personnel file. Submission of the following information is completely voluntary and refusal to provide it will not subject you to any adverse treatment.

The following information will be used to comply with laws pertaining to civil rights enforcement.

<b>Race</b>
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Prefer Not to Disclose

Chapter 239B of the Nevada Revised Statutes (NRS) requires governmental agencies to request information related to sexual orientation and gender identity or expression. The information obtained below will be reported annually to the Director of the Legislative Counsel Bureau. This data will enable state agencies to monitor the health and well-being of LGBTQ+ Nevadans and enhance and improve public services and programs available to LGBTQ+ residents.

<b>Gender Identity/Expression</b>	<b>Sexual Orientation</b>
<input type="checkbox"/> Female	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Male	<input type="checkbox"/> Gay/Queer
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Heterosexual/Straight
<input type="checkbox"/> Other	<input type="checkbox"/> Lesbian/Gay
<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer Not to Disclose	<input type="checkbox"/> Prefer Not to Disclose



## Preferred Language

Nevada Assembly Bill 266 (AB 266) requires Washoe County to develop an inventory of language services provided by the county, including oral language services offered through bilingual staff. A language inventory allows the county to make recommendations and expand language services for residents where necessary.

Staff who communicate in more than one language should list their preferred, second, and third language, if applicable. The preferred language is the language the employee is most comfortable communicating with verbally and in writing. The second language would be the language the employee is next most comfortable communicating with verbally and/or in writing. If applicable, the third language would be the language the employee is third most comfortable communicating with verbally and/or in writing.

**Preferred Language:** \_\_\_\_\_

**Second Language:** \_\_\_\_\_

**Third Language:** \_\_\_\_\_



# WASHOE COUNTY APPLICATION FOR EMPLOYMENT

1001 E. NINTH ST.  
RENO NV 89512  
775-328-2081 PHONE  
775-328-6119 FAX  
www.washoecounty.gov

(TEMPORARY & INTERMITTENT HOURLY POSITIONS ONLY)

TITLE OF JOB FOR WHICH YOU ARE APPLYING:		
(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

**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 _____

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.			

**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 \_\_\_\_\_

**PLEASE LIST JOBS BEGINNING WITH THE MOST RECENT**

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

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

3. EMPLOYER NAME: _____		EMPLOYER LOCATION: _____	
Length of Experience: _____		Your Title: _____ Immediate Supervisor: _____	
From: ____/____/____	To: ____/____/____	Employer/Supervisor Phone Number: _____	
Mo./Yr. Mo./Yr.		Duties _____	
Total: ____/____		_____	
Yrs. Mos.		_____	
[ ] Full-time OR [ ] Part-time		_____	
(40 hrs/week) (____) Hrs./Wk		Machines/Equipment used: _____	
		Number and Title of people you supervised: _____	
		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. A record of conviction will not necessarily bar you from employment. The Hiring Authority will consider, in addition to the record of conviction, the factors such as:
  - a) The length of time that has passed since the offense;
  - b) The age of the applicant at the time of the offense;
  - c) The severity and nature of the offense;
  - d) The relationship of the offense to the position for which the applicant has applied; and
  - e) Evidence of the rehabilitation of the applicant.
4. 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.

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

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.

1. EMPLOYER NAME: _____ Length of Experience: _____ From: <u>    </u> / <u>    </u> / <u>    </u> To: <u>    </u> / <u>    </u> / <u>    </u> Mo./Yr.                  Mo./Yr. Total: <u>    </u> / <u>    </u> Yrs.    Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week)    ( <u>    </u> ) Hrs./Wk	EMPLOYER LOCATION: _____ 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: _____ Length of Experience: _____ From: <u>    </u> / <u>    </u> / <u>    </u> To: <u>    </u> / <u>    </u> / <u>    </u> Mo./Yr.                  Mo./Yr. Total: <u>    </u> / <u>    </u> Yrs.    Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week)    ( <u>    </u> ) Hrs./Wk	EMPLOYER LOCATION: _____ 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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3. EMPLOYER NAME: _____ Length of Experience: _____ From: <u>    </u> / <u>    </u> / <u>    </u> To: <u>    </u> / <u>    </u> / <u>    </u> Mo./Yr.                  Mo./Yr. Total: <u>    </u> / <u>    </u> Yrs.    Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week)    ( <u>    </u> ) Hrs./Wk	EMPLOYER LOCATION: _____ 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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4. EMPLOYER NAME: _____ Length of Experience: _____ From: <u>    </u> / <u>    </u> / <u>    </u> To: <u>    </u> / <u>    </u> / <u>    </u> Mo./Yr.                  Mo./Yr. Total: <u>    </u> / <u>    </u> Yrs.    Mos. <input type="checkbox"/> Full-time OR <input type="checkbox"/> Part-time (40 hrs/week)    ( <u>    </u> ) Hrs./Wk	EMPLOYER LOCATION: _____ 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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NAME: _____	DATE: _____
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TITLE OF POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_



# Designation of Beneficiary For Receipt of Final Payment Due County Employee

Date: \_\_\_\_\_ SAP#: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department: **CSD - PARKS** \_\_\_\_\_

By my signature below I hereby designate \_\_\_\_\_  
(Beneficiary Name)

my \_\_\_\_\_, as  
beneficiary. (Relationship)

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

State of Nevada  
County of Washoe County

Signed and sworn to (or affirmed) before me on \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
(Signature of notarial officer)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A **OR** a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):
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Last Name, First Name and Title of Employer or Authorized Representative <b>SCHULTZ, JOANNA - SR OFFICE SPECIALIST</b>		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name <b>WASHOE COUNTY</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>1001 E 9TH ST, RENO NV 89512</b>	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.

**2026**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

**Step 3: Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b> \$	
(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b> \$	
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$

**Step 4: Other Adjustments**

(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	<b>4(b)</b>	\$
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**Exempt from withholding** I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . .

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) \_\_\_\_\_ Date \_\_\_\_\_

<b>Employers Only</b>	Employer's name and address	WASHOE COUNTY 1001 E 9TH ST, RENO NV 89512	First date of employment	Employer identification number (EIN)	88-6000138



**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize Washoe County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my accounts and the depository named below. This agreement is to remain in effect until Washoe County has received written notification from me on its termination at such time and in such a manner as to afford Washoe County a reasonable time to act on it. I understand that it is possible that funds will not be available until the Monday or Tuesday after payday.

Name: (print) \_\_\_\_\_ Personnel #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Attach a voided check for a checking account or a deposit slip for a savings account to validate the account information for each deposit requested. Without a voided check or deposit slip this request will not be processed. Return this form to Washoe County Comptroller - Payroll Division.

**Direct Deposit One – Remaining net pay will be posted to this account**

Jane A.Doe  Checkings  Savings  
 1000 Main Street \_\_\_\_\_ 20XX  
 Anywhere, U.S.A. 1001 \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars

Memo \_\_\_\_\_

1212000248 1234567891 **Employee Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Direct Deposit Two – Please indicate the dollar amount to be posted to this account each payday \$ \_\_\_\_\_**

Jane A.Doe  Checkings  Savings  
 1000 Main Street \_\_\_\_\_ 20XX  
 Anywhere, U.S.A. 1001 \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars

Memo \_\_\_\_\_

1212000248 1234567891 **Employee Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Direct Deposit Three – Please indicate the dollar amount to be posted to this account each payday \$ \_\_\_\_\_**

Jane A.Doe  Checkings  Savings  
 1000 Main Street \_\_\_\_\_ 20XX  
 Anywhere, U.S.A. 1001 \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars

Memo \_\_\_\_\_

1212000248 1234567891 **Employee Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_



# Retirement Plan Alternative “OBRA” for Part -Time, Seasonal, Intermittent and Temporary Employees

DEPARTMENT OF HUMAN RESOURCES

## **Are there any penalties at withdrawal?**

No. There are no penalties or early withdrawal provisions applicable to the plan.

## **What are the payout options available to me when I separate from service?**

Payout options include a lump sum or designated amount on a monthly, quarterly or annual basis.

## **Will I receive an account statement?**

Yes. Participants will receive quarterly statements by mail.

## **How can I check my account balance in addition to checking my statement?**

You can contact Voya’s Retirement Readiness Service Center and speak to a Customer Service Associate at 800-584-6001 or visit the website at [www.washoeco.beready2retire.com](http://www.washoeco.beready2retire.com).

## **Do I need to notify anyone if I change my name and/or address?**

Yes. You can contact Voya’s Retirement Readiness Service Center and speak to a Customer Service Associate at 800-584-6001.

## **Are there any fees or charges for participating?**

Yes. A total asset based fee of 0.8% to cover record keeping and administrative expenses is applied to all deferred compensation accounts.

## **What if I become a full-time employee with my employer?**

If you become a full-time employee, you may transfer the value of your OBRA Account to the voluntary 457 plan available to full-time employees.

## **Retirement plan alternative “OBRA” acknowledgement**

*I have read and understand the Plan for all part time, seasonal, intermittent and temporary employees, regarding OBRA information.*

*I understand that Washoe County does not contribute to Social Security on my behalf for monies earned and I have read and understand the option explained to me regarding this additional retirement plan offered by Washoe County to replace the lack of Social Security contributions.*

*It has also been explained to me that this plan is not optional under The Omnibus Budget Reconciliation (OBRA) act of 1990, requiring all state and local governments to cover employees under the Social Security or an employer retirement plan.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Nepotism Statement

In accordance with Washoe County Nepotism Regulations, we would like to know if you are related to anyone in this department. If your answer is yes, it will not preclude you from being hired.

**Please list all persons in the department that are related by blood or marriage to you (example: spouse, child, sibling, etc.):**

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

**I am not related to anyone in this department.**

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Department: **CSD - PARKS** \_\_\_\_\_



# Washoe County Internet and Intranet Acceptable Use Guidelines

## DEPARTMENT OF TECHNOLOGY SERVICES

The County is capable of inspecting, reviewing and monitoring employees' computer and Internet usage at any time to maintain system security and integrity, or to determine possible violations of policy or law.

County management, in consultation with designated supervisors, technical staff and Human Resources may review alleged violations of this policy on a case-by-case basis. Violation may result in cancellation of an individual's Internet access privileges. In addition, violations may result in appropriate legal action and/or disciplinary action, up to and including termination.

### Training

Cybersecurity awareness training will be assigned to all employees annually through the County's Learning Management System. New employees to Washoe County will be assigned the training as part of their New Employee training program.

The County's Internet and Intranet Acceptable Use guidelines will require an annual acknowledgement at the conclusion of the Cybersecurity Awareness course assigned through the County's Learning Management System.

### Washoe County Internet and Intranet Acceptable Use Guidelines - Acknowledgment

I have read, understand, and agree to abide by the Washoe County Internet and Intranet Acceptable Use Guidelines.

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Employee Signature

SAP EE#

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Title

CSD - PARKS

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Department

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Date



## New Hire Policy Acknowledgment

I hereby certify that I have received and reviewed the following Washoe County policies by clicking into each link below.

Code of Conduct  
Initial Here

Domestic Violence or Sexual Assault Leave  
Initial Here

Discrimination, Harassment and Retaliation Policy  
Initial Here

Drug-Free Workplace  
Initial Here

Ethical Standards for Public Officers  
Initial Here

Internet and Intranet Acceptable Use Policy  
Initial Here

Secondary Employment and Incompatible Activities Policy  
Initial Here

Workplace Violence Policy  
Initial Here

I acknowledge and understand I must adhere to these policies as conditions of employment with Washoe County. I understand I can contact my Department HR Representative, Supervisor, Department Head or Human Resources if I have any questions about these policies.

Employee Name: _____	EE#: _____
Employee Signature: _____	Date: _____
Department: <b>CSD - PARKS</b> _____	



## Nevada Pregnant Workers' Fairness Act Notice

Effective October 1, 2017, the Nevada Pregnant Workers' Fairness Act provides Nevada employees with additional protections against discrimination and unlawful employment practices. The Act requires Nevada employers to provide their employees with notice as to their protections under this law.

- All Washoe County employees have the right to be free from discriminatory or unlawful employment practices pursuant to NRS §613.335 otherwise known as the Nevada Pregnant Workers' Fairness Act (the "Act").
- A female employee has the right to a reasonable accommodation for a condition of the employee relating to pregnancy, childbirth or a related medical condition.

The full text of the bill providing the additional protections is available at:

<https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5177/Text>

Should you have any questions regarding your rights under the law, or any need for an accommodation for a condition relating to pregnancy, childbirth or a related medical condition, please contact your department HR Representative.

I hereby acknowledge that I received a copy of this notice.

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: CSD - PARKS

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## Statement Concerning Your Employment in a Job Not Covered by Social Security

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**Employee Name:** \_\_\_\_\_

**Employee ID#:** \_\_\_\_\_

**Employer Name:** Washoe County  
\_\_\_\_\_

**Employer ID#:** 88-6000138  
\_\_\_\_\_

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit [www.ssa.gov](http://www.ssa.gov).

### For More Information

Social Security publications and additional information are available at [www.ssa.gov](http://www.ssa.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

**I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.**

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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# EMPLOYEE RIGHTS AND RESPONSIBILITIES

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.



Know and follow all safety rules set by:

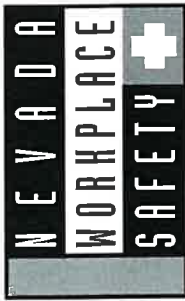
- + Your employer
- + The Nevada Occupational Safety and Health Act
- + State of Nevada Occupational and Health Administration (NVOSHA)

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at [www.4safety.state.nv.us](http://www.4safety.state.nv.us). Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or hearing protection, you are responsible to wear and/or use the equipment.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor. That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with NVOSHA. The Division will not give your name to your employer.



## Stop and Learn Your Rights and Responsibilities

The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.



**WORKPLACE SAFETY IS EVERYONE'S RESPONSIBILITY.**

I have (check one)  read this document or  viewed the video, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Place of Viewing Video n/a

Employer's Name (please print) Washoe County

Employer's Signature (or representative) [Signature]

Note: This portion must be maintained in the employee's personnel file

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.  
Las Vegas: (702) 486-9140  
Reno: (775) 688-3730  
Elko: (775) 778-3312  
Toll-Free: (877) 472-3368

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with NVOSHA.

Whistle Blower Hotline - (702) 486-9097

Most on-the-job injuries are covered by Workers' Compensation Insurance. From cuts and bruises to serious accidents, coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job injury or occupational disease immediately to your supervisor or foreman using the "Notice of Injury or Occupational Disease" C-1 Form. You have 7 days from the date of injury or knowledge of the occupational disease to turn in the completed C-1 Form to your employer. If you seek medical treatment for a work-related injury you must complete a "Claim for Compensation" C-4 Form at the emergency room or medical provider's office to initiate a claim for workers compensation.

But remember, filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

If there is a dangerous situation at work and an employee, with no reasonable alternative, refuses in good faith to expose themselves to a dangerous condition, they would be protected from subsequent retaliation. The condition must be of such a nature that a reasonable person would conclude that there is a real danger of death or serious harm and that there is not enough time to contact NVOSHA and for NVOSHA to inspect. Where possible, the employee must have also sought from the employer, and been unable to obtain, a correction of the condition.

During a NVOSHA inspection, you have the right to talk privately with the inspector and take part in meetings with the inspector before and after the inspection. You are encouraged to point out hazards, describe injuries and illnesses from these hazards, discuss past worker complaints and inform the inspector of working conditions that are not normal during the inspection. If after the inspection citations are proposed to the employer, the employer is required to post the citations where employees can see them.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, RECEIVED TRAINING, AND UNDERSTAND THE DRIVERS POLICY AND THE COMMUNICATION /ELECTRONIC DEVICE USE DIRECTIVE OF THE WASHOE COUNTY CSD - PARKS DEPARTMENT. I HAVE BEEN GIVEN OPPORTUNITY TO ASK QUESTIONS ABOUT THESE DOCUMENTS AND MY EXPECTED RESPONSIBILITIES AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FOLLOW THE REQUIREMENTS OF THESE DOCUMENTS.

**Employee Name** \_\_\_\_\_  
(PRINT)

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor or Trainer** \_\_\_\_\_  
(PRINT)

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Subsequent Injury Program

The Nevada Department of Industrial Insurance Regulation offers the Subsequent Injury Fund to all employers. This fund helps defray the costs of an industrial injury for employers who hire individuals with a prior, permanent physical impairment.

There are certain requirements which Washoe County must meet to qualify our employees for this added insurance coverage. The program involves any person who has a birth defect, work-related injury, or disease which has resulted in a permanent physical impairment. The following statement must be completed in detail as to the dates, cause, and extent of any physical impairment, signed by the employee and filed with the employee's personnel file.

ALL EMPLOYEES ARE REQUIRED TO READ AND SIGN THE STATEMENT TO PROPERLY DOCUMENT THEIR EMPLOYEE FILE.

I, \_\_\_\_\_, do hereby state and attest that

I have a permanent physical impairment.

I do not have a permanent physical impairment.

In the space below, please describe completely any physical impairment that you may have from any cause or origin. If due to industrial accident, give date, type of accident, body part affected, and percentage of disability awarded.

Date of Injury or original diagnosis: \_\_\_\_\_

Permanent Restrictions: \_\_\_\_\_

\_\_\_\_\_

Percentage of Disability, if known: \_\_\_\_\_%

This information is correct to the best of my knowledge.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION TO REQUEST DRIVING RECORD**

Employee # \_\_\_\_\_

Name \_\_\_\_\_  
PLEASE PRINT (last) (first) (middle)

Driver's License # \_\_\_\_\_  
State where license issued \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Job Title \_\_\_\_\_ Department CSD - PARKS Hire Date \_\_\_\_\_

Vehicles driven for County business (circle all that apply) car van truck (type) \_\_\_\_\_ other (identify) \_\_\_\_\_

**Driving Record**

1. At-fault accidents for the past three years. Check here if **None**

Date	Description and citations issued
_____	_____
_____	_____

2. Moving violations or convictions (exclude parking tickets) for the past three years. Check here if **None**

Date	Description and citations issued
_____	_____
_____	_____

3. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain below.

\_\_\_\_\_

4. Has any driver's license, permit, or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain below.

\_\_\_\_\_

***I authorize Washoe County to request and obtain information from the Department of Motor Vehicles pertaining to my driving record for the past three (3) years. Information obtained from a driving record report will be used to determine my ability to drive for the County according to the acceptable driving standards within the Driver Policy, and may affect my employment.***

***I hereby certify that the foregoing information is true and correct to the best of my belief. I understand that falsification of any information may be grounds for denial of employment, my ability to drive on County business, or disciplinary action up to and including termination of employment, if employed.***

***A copy of the driving record report, may be made available to my Department Head, or designee, Risk Management, the Safety Committee, and/or Human Resources, will be retained by the County, and may be included in my personnel file. I have the ability to receive a copy of the driving record report by indicating below.***

- Yes, provide me a copy of the report obtained from the Department of Motor Vehicles
- No, I am not requesting a copy of the report obtained from the Department of Motor Vehicles at this time

Signed \_\_\_\_\_

Date \_\_\_\_\_