



SPARKS JUSTICE COURT APPLICATION FOR EMPLOYMENT

1675 E. Prater Way
Suite 107
Sparks, Nevada 89434
775-353-7600

TITLE OF JOB FOR WHICH YOU ARE APPLYING:

(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)

JOB AVAILABILITY:

FULL-TIME
PART-TIME (20+ HRS PER WK)
PART-TIME NON-BENEFIT (19 HRS/WK MAX)
TEMPORARY (6 MOS. OR LESS)
SEASONAL
INTERMITTENT HOURLY (ON-CALL)

AVAILABLE DATE:

AVAILABLE IMMEDIATELY
2 OR MORE WEEKS NOTICE
NOT AVAILABLE NOW, BUT WILL BE ON _____

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:					

THIS AREA FOR OFFICIAL USE ONLY			
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 **ALL** JOBS (INCLUDING SEASONAL/TEMPORARY) BEGINNING WITH THE MOST RECENT

1. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

2. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

3. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

4. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

5. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

6. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

7. EMPLOYER NAME: _____ EMPLOYER LOCATION: _____

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 _____

(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 NOT 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.