

COMMUNITY SERVICES AGENCY

1090 E. 8th Street, Reno, NV 89512 (P. O. Box 10167 Reno, NV 89510)

Phone: 775-786-6023 Fax: 775-786-5743 Website: www.csareno.org

APPLICATION FOR EMPLOYMENT

Applications not filled out completely will be rejected.

The Community Services Agency is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, sexual orientation, age, national origin, veteran's status, disability or any other legally protected status. Any applicant may be immediately rejected for employment or, if hired, terminated for giving false information in the application or for failing to accurately provide information requested. If hired, employment is for no fixed term and the Community Services Agency or the employee can terminate employment at any time with or without notice and with or without cause.

PLEASE PRINT LEGIBLY OR TYPE

Position for Which You Are Applying _____ Date _____

Date Available for Work _____ Salary Expected _____

What prompted your application? Ad ___ Employment Agency ___ Walk-in ___ Friend ___ Relative ___ Web-site ___ Other ___

Full Name _____
(Last) (First) (Middle)

List all other names you have worked under or are known by _____

Address _____
Street Apt. No. City State Zip Code

Mailing Address, if different _____

Telephone Number (s) _____

Social Security Number _____ Drivers License Number _____

If hired, can you furnish proof of age? Yes ___ No ___

An offer of employment, if made, will be subject to verification that applicant's age meets legal requirements.

If hired, can you produce sufficient documentation of your identity and right to work in the United States and attest under penalty that the documents you have produced are genuine and relate to you? Yes ___ No ___

Have you ever been terminated or asked to resign? Yes ___ No ___

If yes, provide details. _____

Have you ever been an employee of the Community Services Agency? Yes ___ No ___

Position held and dates _____

Have you ever previously completed an application for employment with us? Yes ___ No ___

Do you have a means for getting to work regularly? Yes ___ No ___

You are available to work: Full-time ___ Part-time ___ Shift Work ___ Temporary ___

Are you currently on lay-off status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

If necessary, could you work overtime? Yes ___ No ___

Do you have any relatives that work for the Community Services Agency? Yes ___ No ___

If yes, provide details. _____

If an offer of employment is made, and at or prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment and/or employment. Are you willing to undergo such an examination? Yes ___ No ___

Have you ever been convicted of a misdemeanor or felony under your own name or another name? Yes ___ No ___
 If yes, provide details. (Do not include traffic tickets) Conviction of a crime does not necessarily disqualify you for employment

Have you had any arrests, been convicted, or been investigated for child abuse or neglect by any agency or entity. Yes ___ No ___
 If yes, provide details.

All Head Start employees must be able to secure a sheriff's card.

EDUCATION

School	Name of School	Graduated Yes or No	Major/Minor Courses Taken	Degree Achieved
High School (GED)				
College				
Graduate Work				
Trade or Business				
Correspondence				

INDICATE ANY LANGUAGES (OTHER THAN ENGLISH) YOU CAN SPEAK, READ AND/OR WRITE

	Fluently	Well	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, extra-curricular activities, or job-related training received.

Are you computer skilled? List computer programs with which you are familiar.

List office machines/equipment you are able to operate.

EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION

Provide your last four employers in chronological order, starting with your current or most recent position. Do not omit any employers. Resume' may be attached, but Employment History must be completed for application to be considered.

1. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

2. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

3. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

4. Name of Employer _____ Telephone No. _____
Address _____
Name of Immediate Supervisor _____ Pay \$ _____
From _____ To _____ Job Title & Work Performed _____

Reason for Leaving _____

May we contact your present employer? Yes _____ No _____

Any other job-related information or skills not previously included.

REFERENCES

1. Name	Phone No.
Address	
2. Name	Phone No.
Address	
3. Name	Phone No.
Address	

APPLICANT'S STATEMENT

To the best of my knowledge, I have truthfully disclosed all information asked for in this application and the answers given are true, accurate and complete.

I authorize contact with any person or entity named in this application and other persons or entity that may have knowledge concerning my past for the purpose of obtaining information material to my qualifications for employment.

I authorize all those with whom I am acquainted (previous employers, physicians, professionals, institutions, neighbors, friends, law enforcement agencies asked to provide criminal record history in accordance with NRS 179A.000 and others) to furnish any and all information they may have concerning me which may be material to my qualifications for the position.

I also understand and agree that, if hired, my employment is "at will." In other words, my employment is for no definite or fixed term or period and may, regardless of the date of payment of wages, be terminated for any reason or no reason at any time at the sole discretion of the Community Services Agency or by me without prior notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of this organization.

If I am employed by the Community Services Agency, I agree to conform to the rules, policies, procedures and regulations that govern it. I also understand that my wages, hours and working conditions are subject to change by the Community Services Agency at any time without notice.

I further understand that if an offer of employment is made, at or prior to my commencement of duties, I am required to undergo a drug and/or alcohol test in accordance with Community Services Agency policy, the results of which test may affect the offer and duration of my employment.

In the event of employment, I understand that any false or misleading information in my application or interview(s) may result in termination of my employment.

I understand that this application will be kept under active consideration for no more than 45 days from the date of the application as shown below.

Signature of Applicant _____

Date _____

FOR HUMAN RESOURCES USE ONLY

Interview Yes ___ No ___ Employment Offered Yes ___ No ___ Employment Accepted Yes ___ No ___ Start Date _____

Job title _____ Grade/Range _____ Starting Pay _____

Department/Title/Location/Code _____

Approvals PC _____ Human Resources _____ Executive Director _____



Employer Lynx, Inc.
NV Lic #793

EMPLOYER LYNX RELEASE AND AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Employer Lynx, Inc. ("Agency"), 501 E. Caroline Street, Carson City, NV 89701, telephone number (775) 883-3733, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.employerlynx.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to be. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's office, which address is listed above. I can have someone accompany me to the Agency's office. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization form for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.



Employer Lynx, Inc.
NV Lic #793

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, worker's compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired /contracted, I understand that my employer / landlord can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: _____

Printed Name: _____

Date: _____



CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION AND RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services, I, _____ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below.
2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION:

Name: _____ (LAST) (FIRST) (MIDDLE)

Any Other Name used: _____ (LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Social Security Number: _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Authorized Participant: _____

Applicants Signature: _____

Applicants Physical Address: _____

Date: _____

Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

Reports may include consumer credit, criminal convictions, motor vehicle and other reports. These reports may include information as to character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, understand that we may be requesting information from various Federal, State and other agencies which maintain records concerning your past activities relating to your driving, credit, criminal, civil and other experiences.

(Applicant: Please retain for your records)

Please print after completing the entire application and signing in the appropriate places. Send completed and signed application to:

**Human Resources
Community Services Agency and Development Corporation
PO Box 10167
Reno, NV 89510-0167**

If you would prefer to deliver your application personally, please come to:

**Community Services Agency
Administrative Offices
1090 E. 8th Street
Reno, NV 89512**