



Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, pregnancy or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position (s) applied for	Date of Application
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How Did You Learn About Us?

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other: _____ |

Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip
Telephone Number(s)	Email	

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this Yes No
Proof of Citizenship or Immigration Status will be required upon employment.

Have you ever filled out an application with SNCIL before? Yes No

Have you ever been employed by SNCIL before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you known by any other name/s? Yes No

On what date would you be available to work? _____

Are you available to work? Full Time Part Time Shift Work Temporary

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

Have you been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT	Please give accurate, complete full time and part time employment record. Start with your most present or recent employers.
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<p>Company Name (1)</p> <hr/> <p>Address</p> <hr/> <p>Name of Supervisor</p> <hr/> <p>State Your Title and Describe Your Work</p> <hr/>	<p>Telephone ()</p> <hr/> <p>Employed (State Month & Year) From To</p> <hr/> <p>Weekly Pay Start Last</p> <hr/> <p>Reason for Leaving</p> <hr/>
<p>Company Name (2)</p> <hr/> <p>Address</p> <hr/> <p>Name of Supervisor</p> <hr/> <p>State Your Title and Describe Your Work</p> <hr/>	<p>Telephone ()</p> <hr/> <p>Employed (State Month & Year) From To</p> <hr/> <p>Weekly Pay Start Last</p> <hr/> <p>Reason for Leaving</p> <hr/>
<p>Company Name (3)</p> <hr/> <p>Address</p> <hr/> <p>Name of Supervisor</p> <hr/> <p>State Your Title and Describe Your Work</p> <hr/>	<p>Telephone ()</p> <hr/> <p>Employed (State Month & Year) From To</p> <hr/> <p>Weekly Pay Start Last</p> <hr/> <p>Reason for Leaving</p> <hr/>
<p>Company Name (4)</p> <hr/> <p>Address</p> <hr/> <p>Name of Supervisor</p> <hr/> <p>State Your Title and Describe Your Work</p> <hr/>	<p>Telephone ()</p> <hr/> <p>Employed (State Month & Year) From To</p> <hr/> <p>Weekly Pay Start Last</p> <hr/> <p>Reason for Leaving</p> <hr/>

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p align="center">DO NOT CONTACT</p> <p>Employer number (s): _____ Reason: _____</p>
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary and arriving at an employment decision.

This application for employment will be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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 an authorized executive of this organization.

I understand SNCIL is a drug free workplace in accordance with the Drug Free Workplace Act of 1988 and the SNCIL Personal Policy. Upon employment, drug tests are required.

In the event of employment, I understand that the false or misleading information given in my application or interview (s) may result in discharge. A positive drug test will result in termination of employment. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR PERSONAL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Interviewer: _____ Date _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____ Dept.: _____

By: _____
Name and Title Date

NOTES: _____

SNCIL

Southern Nevada Center for Independent Living

EMPLOYMENT APPLICATION ADDENDUM

Please respond to the following questions as completely as you can. Please use complete sentences.

1. How did you hear about Southern Nevada Center for Independent Living (SNCIL) and why do you want to work here?
2. Have you had any personal experiences in your life that have increased your awareness and understanding of people with disabilities?
3. If you were employed by SNCIL, what would you do to increase community awareness of the needs of persons with disabilities?
4. If you were employed by SNCIL, what would you do to increase awareness of SNCIL?
5. Why should we hire you?