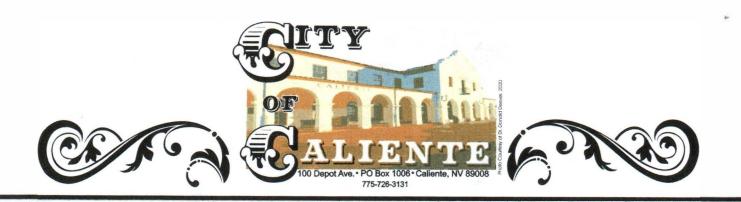


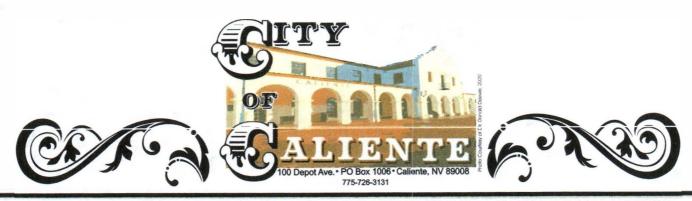
Employment Application

City of Caliente is an equal opportunity provider and employer.

The state of the s	Ap	plicant Infori	nauon	
Full Name:			Da	te:
Last	Fir	rst	M.I.	
Address:Street				Apts. /Unit #
blicet				riptot / eme ::
City		State		Zip Code
Mailing Address:				
City		State		Zip Code
•	F			-
Phone:				
Date Available:	Desir	ed Salary:		
Position Applied for:				
Are you a Citizen of the United States? If no, are you authorized to work in the U.S.?				
Have you ever been employed by the City of Caliente? If yes, When?				
Position Title:Reason for Separation				
Are you related to anyone who is currently employed by the City of Caliente?				
If yes, please provide the following information: Name				
Relationship:		_ Department:		
If offered employment, when will you be available to begin?				
What type of employment	will you accept?	Full-Time	Part-Time	Seasonal
Will you be available for sh	ift work?			
Will you be available to work weekends and/or holidays if necessary?				
Have you been given a job description or had the requirements of the job explained to you?				
Do you understand the job	requirements? _			



		pplicants must be at lea ployment, can you furn						
Do you presently	y use illegal d	rugs?						
Do you possess a	a valid driver	's license?		Class	s:			
List any special	skills you pos	sess and/or equipment	or offic	e mac	chines you	can operate).	
								
		Edw						
IIish Cahaal		Educ				CALL THE		101 1011
From:	To:	Address	YES	NO	Diploma:			
From:	To:	Address	YES	NO	Degree:			
		Address Did you graduate?	YES	NO	Degree:			
W. 13.11V		Refer	ences					
Please list three	professional	references.						
Full Name:					Relat	ionship:		
Company:						Phone:		
Address:								
Full Name:					Relat	ionship:		
						Phone:		
4.11								
Full Name:					Relat	ionship:		
						Phone:		
Address:								



Previou	s Employme	ent	
Company:			Phone:
Address:			Supervisor:
Job Title:			
Responsibilities:			
From: To: May we contact your previous supervisor for a	_ Reason for	Leaving	:
May we contact your previous supervisor for a reference?	YES	NO	
Company:			Phone:
Address:			Supervisor:
Job Title:			
Responsibilities:			
From: To:	_ Reason for		<u> </u>
May we contact your previous supervisor for a reference?	YES	NO	
Company:			Phone:
Address:			
Job Title:			
Responsibilities:			
From: To:	_ Reason for	Leaving	
May we contact your previous supervisor for a reference?	YES	NO	
Please state below any other information that for this position. You may include significant other relevant information that is not reques	accomplishn	nents, p	revious career highlights, or any

Acknowledgments
Please READ ALL of the following statements and INITIAL EACH of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Amanda Anderson, City Clerk.

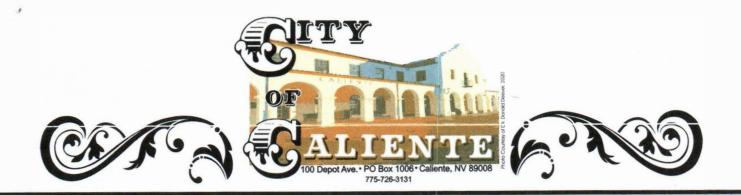


All offers of employment and all information regarding compensation and other terms and

conditions of employment will be made in writing. Verbal statements may not be relied upon. This application is the property of **City of Caliente** and will become part of my personnel file if I am hired. I authorize City of Caliente to contact any employer or individual to obtain from them any relevant information regarding my pervious employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualification for employment and/or continued employment with City of Caliente. In addition, I authorize City of Caliente to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize City of Caliente to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minor or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize City of Caliente to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment. In exchange for City of Caliente consideration of my employment application, and/or any continued employment with City of Caliente, I authorize anyone possessing information to furnish it to City of Caliente upon request, and I release the organizations and all individuals providing the information or acquiring the information, including City of Caliente, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations. I further understand this consent will apply during the entire course of my employment with City of Caliente should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely. I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with City of Caliente. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from City of Caliente constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that the **City of Caliente** is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to City of Caliente. I further understand

and agree that is paragraph applies to any information supplied by me at a later date as part of

this application.



Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, if qualifications of applicants are equal: a) first, to an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant	Date
Signature of Applicant	Bate