

# Employment Application

**Southern Nevada Regional Housing Authority**  
**Equal Opportunity - Affirmative Action Employer**  
 5390 E. Flamingo Road, Las Vegas, NV 89122  
 (702) 451-8041 Ext. 1634 Fax (702) 922-1690

- Accepted For Testing/Interviewing
- Disqualified
- Education       Experience
- Late Filing       Other \_\_\_\_\_

For official use ONLY

**INSTRUCTIONS**

1. Print Legibly or Type. This Application Is Part Of The Examination Process. FAILURE TO FULLY AND ACCURATELY COMPLETE THIS APPLICATION **WILL** RESULT IN YOUR DISQUALIFICATION FOR THIS POSITION.
2. Complete The Entire Application Form. Make Sure The Application Is Signed and Dated Before It Is Turned in.
3. Applications Must Meet All Requirements For The Position By The Final Filing Date. An Incomplete Application Will Be Grounds For Rejection. An Applicant May Be Required To Submit Additional Proof Of Qualifications, If Sufficient Information Is Not Provided.
4. It Is The Applicant's Responsibility To Ensure That The Application Is Received Within The Filing Period. Applications Must Be Submitted To Human Resources NO LATER THAN 5:00 P.M. On The Closing Date. Late or Incomplete Applications **WILL** Be Rejected.
5. Any False Information, Misstatements or Material Omissions Made By The Applicant Will Be Grounds For Discipline Up To and Including Termination, Even If It Is Discovered After You Have Been Offered and/or Accepted Employment.

**Position Applied For:** \_\_\_\_\_

## GENERAL INFORMATION

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How Long Have You Lived At This Address? \_\_\_\_\_ Years. If Less Than Ten (10) Years, Please List Previous Addresses Below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Full-Time     Part-Time     Temporary     Seasonal    **Shift:**     Day     Swing     Grave

*Temporary and/or Part-Time Employment May Not Lead To Full-Time Employment.*

Have You Ever Been Employed By SNRHA?     Yes     No

If Yes, What Were The Dates Of Your Previous Employment? From: \_\_\_\_\_ To: \_\_\_\_\_

If Yes, What Was The Reason For You Leaving Employment With SNRHA?

## EDUCATION / TRAINING RECORDS

Did You Graduate?     Yes     No    If Not, Do You Possess A GED or High School Proficiency Certificate?     Yes     No

Type Of School	Name Of School and Complete Mailing Address	Course Of Study	No. Of Years Completed	Major or Degree
High School				
College Bus. or Trade School				
Professional School				
Other				

Other Relevant Courses and Training	Name and Location Of Institute	Length Of Course	Dates (From-To)

Professional License or Certificate, If Required List Title	State	Serial No.	Date Issued	Expiration Date

## EMPLOYMENT HISTORY

Please Provide Your Employment History For The Past Seven (7) Years, Beginning With Your Most Recent Employment. Attach Additional Sheets, If Needed. If Your Work History Encompassed More Than One Major Job Duty or Responsibility For Multiple Classifications, Give The Percentage Of Time For The Different Classifications (*Example: 25% Accounting, 75% Auditing Experience.*) Explain Any Gaps In Employment. A Resume Is **NOT** An Acceptable Substitute For Completing This Form.

**Current Employer:** \_\_\_\_\_ **Position(s)/Title(s) Held:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Dates Of Employment:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Name and Title Of Immediate Supervisor:** \_\_\_\_\_

**May We Contact Your Current Employer?**  Yes  No

**Major Duties and Responsibilities:**

**Employer:** \_\_\_\_\_ **Position(s)/Title(s) Held:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Dates of Employment:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Name and Title of Immediate Supervisor:** \_\_\_\_\_

**Major Duties and Responsibilities:**

**Employer:** \_\_\_\_\_ **Position(s)/Title(s) Held:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Dates of Employment:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Name and Title of Immediate Supervisor:** \_\_\_\_\_

**Major Duties and Responsibilities:**

## PERSONAL DATA

*Driver's License: (Some Positions Require Possession Of A Valid Nevada Driver's License, Class II or Higher):*

Current Driver's License Number: \_\_\_\_\_ State Of Issue: \_\_\_\_\_ Expiration: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Other Skills: \_\_\_\_\_

List Any Foreign Language In Which You Are Fluent: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Typing Speed: \_\_\_\_\_

## MILITARY SERVICE

Have You Served In The U.S. Military?  Yes  No Branch: \_\_\_\_\_

From (Yr.): \_\_\_\_\_ To (Yr.): \_\_\_\_\_ Type Of Discharge: \_\_\_\_\_

List Duties In Service, Including Special Training:

--

## REFERENCES

List Three (3) Persons Who Are Familiar With The Quality Of Your Work, Who Were Not Your Supervisors, Who Are Not Related To You, and Who Have Known You For At Least Two (2) Years.

Name	Address	Phone	Occupation

## BACKGROUND

Are You At Least Eighteen (18) Years Of Age?  Yes  No

If Hired, Can You Present Proof Of Your Legal Right To Work In The United States?  Yes  No

### PLEASE NOTE:

A record of conviction will not necessarily bar the applicant from employment. Other factors such as:

- 1) the length of time that has passed since the offense;
- 2) the age of the applicant at the time of the offense;
- 3) the severity and nature of the offense;
- 4) the relationship of the offense to the position for which the applicant has applied; and
- 5) evidence of the rehabilitation of the applicant

will be considered when making employment decisions.

Please List Any Other Names You Have Worked Under:


Do You Have Any Relatives Employed By The SNRHA?  Yes  No

If Yes, List Below The Name(s), Department, and Relationship:

Name	Department	Relationship

### PROFESSIONAL POSITIONS ONLY

Please Indicate Professional Memberships, Certificates or Licenses Held (Exclude Those Indicating Race, Color, Religion, Sex, National Origin, Physical or Mental Disability, Labor Organization Affiliations or Other Protected Characteristics Under Federal, State, or Local Law). Supplement This Information By Written Attachment If Applicable.

Special Licenses: \_\_\_\_\_

License/Certification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Has Your License/Certification Ever Been Revoked or Suspended?  Yes  No

If Yes, State Reason(s), Date Of Revocation or Suspension and Date Of Reinstatement:

--

Please List Any Paid Volunteer Experience In Your Community:

--

### AUTHORIZATION

I Certify That All The Information Submitted By Me On This Application Is True and Complete, and I Understand That Any False Information or Omissions Will Lead To Rejection Of My Application or, If I Am Employed, Discipline Up To and Including Termination At The Time Such False Information or Omissions Are Discovered.

I Authorize Investigation Of All Statements Contained In This Application, Authorize SNRHA To Secure Information About My Background and Experience With All Former Employers, Education Institutions and Any Relevant Agencies, and Authorize Those Parties To Provide Information To SNRHA Concerning My Background, Experience, and Reason For Leaving. I Release SNRHA, and All Parties Providing Information To SNRHA About My Background and Experience, From Any Liability Whatsoever Arising Therefrom.

My Signature Below Certifies That I Understand That If I am Extended An Offer Of Employment By SNRHA, My Employment Is Contingent Upon Satisfactory Completion Of A Medical Examination, Including A Drug Test, and Submission Of Proof That I Have Credentials and/or Licenses (If Relevant) Necessary For The Position That I Am Offered.

This Application Will Only Be Considered For Six (6) Months. If You Have Not Been Hired Within Six (6) Months Of Filling Out This Application and You Wish To Continue To Be Considered For Employment, You Must Complete Another Application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**EMPLOYMENT HISTORY (Supplemental)**

**Employer:** \_\_\_\_\_ **Position(s)/Title(s) Held:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Dates Of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Name and Title Of Immediate Supervisor:** \_\_\_\_\_

**Major Duties and Responsibilities:**

**Employer:** \_\_\_\_\_ **Position(s)/Title(s) Held:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Dates Of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Name and Title Of Immediate Supervisor:** \_\_\_\_\_

**Major Duties and Responsibilities:**

**Employer:** \_\_\_\_\_ **Position(s)/Titles Held:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Dates Of Employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Name and Title Of Immediate Supervisor:** \_\_\_\_\_

**Major Duties and Responsibilities:**



## Voluntary Employment Data Record

### Southern Nevada Regional Housing Authority Equal Opportunity - Affirmative Action Employer

5390 E. Flamingo Road, Las Vegas, NV 89122  
(702) 451-8041 Ext. 1634 Fax (702) 922-1690

The Purpose Of This Data Record Is To Comply With Government Record Keeping and Reporting and Is Necessary To Enable The Southern Nevada Regional Housing Authority To Ensure It's Hiring and Recruitment Practices Remain In Compliance With Its Affirmative Action Program. The Completion Of This Data Record Is Optional. If You Choose To Volunteer The Requested Information, Please Be Assured That All Data Records Are Kept In A Confidential File and Are Not A Part Of Your Application Of Employment or Your Personnel File.

---

- A. Date: \_\_\_\_\_
- B. Position Applied For: \_\_\_\_\_
- C. Check One Of The Following:
- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native    | <input type="checkbox"/> Hispanic or Latino (White Race Only)      |
| <input type="checkbox"/> Asian                                | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Hispanic or Latino (All Other Races) | <input type="checkbox"/> Other: _____                              |
- D. Check One Of The Following:
- Male    Female
- E. How Did You Hear About This Position?
- Housing Authority Employee Referral
- Walk-In
- Posted Notice (Where?) \_\_\_\_\_
- Newspaper/Magazine (Specify) \_\_\_\_\_
- Web Site (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_
- 

Thank You.