



Office of the Esmeralda County Sheriff



Kenneth W. Elger
Sheriff

P.O. Box 520
Goldfield, Nevada 89013
(775)485-8898 FAX (775)485-8524

Scott Johnson
Chief Deputy

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU. THEN SIGN AND DATE IN FRONT OF NOTARY

I, _____, HEREBY AUTHORIZE THE ESMERALDA COUNTY SHERIFF'S OFFICE, TO CONDUCT A BACKGROUND INVESTIGATION OF ME TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM INDIVIDUALS, SCHOOLS, RESIDENTIAL MANAGEMENT AGENTS, EMPLOYERS, CRIMINAL JUSTICE AGENCIES, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, COLLECTION AGENCIES, RETAIL BUSINESS ESTABLISHMENTS, OR OTHER SOURCES FOR INFORMATION.

THIS INFORMATION MAY INCLUDE, BUT NOT LIMITED TO, MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, ACADEMIC, RESIDENTIAL, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, DISCIPLINARY ACTIONS, EMPLOYMENT HISTORY, CRIMINAL HISTORY RECORD INFORMATION, FINANCIAL AND CREDIT INFORMATION. I HEREBY WAIVE MY RIGHTS TO PRIVACY AND THE AND I MAKE THIS WAIVER VOLUNTARILY. I AUTHORIZE ANY AGENCY FEDERAL, STATE, LOCAL OR ANYONE POSSESSING THE ABOVE INFORMATION TO FURNISH IT TO THE ESMERALDA COUNTY SHERIFF'S OFFICE, UPON REQUEST.

I HEREBY RELEASE AND WILL HOLD HARMLESS YOU, YOUR AGENCY, ORGANIZATION OR OTHER ENTITY FROM LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED. I FURTHER AUTHORIZE THAT A PHOTOCOPY OF THIS FORM SHALL BE FOR ALL PURPOSES AS VALID AS THE ORIGINAL.

FURTHER, THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON MY EMPLOYMENT APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT IN FRONT OF A NOTARY

ADDRESS: _____

SUBSCRIBED AND SWORN TO BY: _____

BEFORE ME THIS _____ DAY OF _____, 2008

NOTARY PUBLIC

APPLICATION FOR EMPLOYMENT

PERSONAL

Date: _____

Name: _____ Social Security Number: _____

Last
First
Middle

Present Address: _____

No.
City
State
Zip

Phone number: _____ Date of Birth: _____ Place of Birth: _____

Are you legally eligible for employment in the U.S.A.? _____ Method of Transportation to work: _____

Position applied for: Patrol Deputy: _____ Deputy Jailer: _____ Dispatcher: _____ Reserve: _____

Rate of pay expected: \$ _____ Per week Would you work Full Time _____ Part Time _____

Specify days and hours if Part Time _____

Have you ever been employed by this Department? _____ If yes, When? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization? _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Last Year Complete	Did you Graduate	Diploma or Degree
Elementary					
High School					
College					
Other					

APPLICATION FOR EMPLOYMENT

WORK HISTORY

Name and Address of Company and type of Business	From Mo. Yr	To Mo. Yr	Describe the Work you did	Starting Weekly Salary	Last Weekly Salary	Reason for leaving
Name: _____ Address: _____ Telephone # _____ Supervisor Name: _____						
Name: _____ Address: _____ Telephone # _____ Supervisor Name: _____						
Name: _____ Address: _____ Telephone # _____ Supervisor Name: _____						
Name: _____ Address: _____ Telephone # _____ Supervisor Name: _____						
Name: _____ Address: _____ Telephone # _____ Supervisor Name: _____						

May we contact the employers listed above? ____ If not, indicate by "NO" which one(s) you do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

APPLICATION FOR EMPLOYMENT
MILITARY SERVICE RECORD

Are you in the U.S. Armed Forces? _____ If yes, what Branch ? _____

Dates of Duty: From _____ To: _____ Rank at time of Discharge _____

List duties in the service including any special training: _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, list the training taken:

The facts set forth in my application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made

Signature of Applicant

Date

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To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED OFF AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status or physical or mental handicap or disability.

All questions in the blocked off area need to be answered truthfully and completely as they are need for the position for which you are applying for and requested information is needed for a legally permissible reason, concluding, without limitation, national security requirements, a bona fide occupational qualification or business necessity.

How long have you lived at the present address? _____

Previous address _____ How long did you live there? _____

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age to work.

How do you wish to be addressed? Mr. _____ Mrs. _____ Miss _____ Ms _____

Sex: Male _____ Female _____ Height _____ ft. _____ in. Weigh: _____ lbs

Martial Status : Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

Date of Marriage _____ Number of dependents including yourself _____ Are you a citizen of the USA _____

What is your present Selective Service Classification? _____

Have you ever been bonded? _____ If yes, on what job _____

Have you ever been arrested? _____ If yes, Explain in full _____

Do you have any physical conditions, defects or mental illness's which may limit you ability to perform the job for which you are applying for? _____ If yes, describe such condition and explain how you perform the job for which you are applying in spite of it:

Have you had a major illness in the past 5 years? _____ If yes describe _____

Are you on ANY long term medications? _____ If yes, describe type of Medication and reason _____

Have you received compensation for injuries ? _____ If yes, describe _____

Are you receiving any benefits at this time? _____ If yes, describe the type of benefits your are receiving _____

List any friends or relatives working for us _____