



Time Stamp

Please fill out & sign the following form digitally, or print and fill out. Then, submit it with one of the following methods:

1. Scan and email to Elsie Lee: [elee@fallonnevada.gov](mailto:elee@fallonnevada.gov)
2. Fax to Elsie Lee at the City of Fallon: 775-423-8874
3. Print and bring into the City of Fallon City Hall office and turn into Elsie Lee.

## CITY OF FALLON EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, creed, gender, National origin, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position Applied For: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LAST 4 OF SOC. SEC. NUMBER: \_\_\_\_\_ DRIVER'S LICENSE STATE & NUMBER: \_\_\_\_\_

Have ever filed an application with us before?      **Yes**      **No**      If yes, when \_\_\_\_\_

Have you been previously employed by the City of Fallon?      **Yes**      **No**      If yes, when \_\_\_\_\_

Do you have any relatives employed by the City of Fallon?      **Yes**      **No**  
If yes, please provide name(s), relationship and department they are employed in: \_\_\_\_\_

Are you eligible to work in the United States?      **Yes**      **No**      Verification will be required prior to employment.

Are you capable of performing the job duties (as outlined in the job description) required of the position without assistance or accommodation?      **Yes**      **No**      (If unsure, job functions are available for your review at the Police Department)

**RESIDENCES** – Beginning with your current address, list chronologically all residences over the past 15 years.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

(Attach additional pages if necessary)

**EMPLOYMENT HISTORY** - List chronologically all present and past employers within the past 15 years. Include part-time and self-employment. For any unemployed periods, show dates. If additional space is needed, attach to this application.

Employer Name:	Phone Number (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary \$	Ending Salary \$
Supervisors Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? <b>Yes</b> <b>No</b> If yes, explain:		

Employer Name:	Phone Number (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary \$	Ending Salary \$
Supervisors Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? <b>Yes</b> <b>No</b> If yes, explain:		

Employer Name:	Phone Number (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary \$	Ending Salary \$
Supervisors Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? <b>Yes</b> <b>No</b> If yes, explain:		

Employer Name:	Phone Number (including area code)	
Address (including Zip Code)	Start Date	Ending Date
City	State	Zip Code
Job Title	Starting Salary \$	Ending Salary \$
Supervisors Name	Work Performed	
Reason for Leaving		
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? <b>Yes</b> <b>No</b> If yes, explain:		

(Attach additional pages if necessary)

REFERENCES - Give at least three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as householders, property owners, business or professional persons, who have known you well during the past five (5) years, and three (3) social acquaintances in your own age group.

**Business/Professional References – (Supervisors and/or Co-Workers are Acceptable)**

1			( )
Name	Business Name	Address	Phone#
2			( )
Name	Business Name	Address	Phone#
3			( )
Name	Business Name	Address	Phone#

**Personal References – (Known for at Least 5 Years)**

1			( )
Name	Business Name	Address	Phone#
2			( )
Name	Business Name	Address	Phone#
3			( )
Name	Business Name	Address	Phone#

**SOCIAL SITE INFORMATION**

Do you currently have a profile with any social websites?    **Yes**    **No**    If yes, indicate below.

- Twitter
- Facebook
- Other Sites: \_\_\_\_\_

**EDUCATIONAL HISTORY** - Submit a copy of your high school diploma, GED, college diploma and professional certification's

High School	09	10	11	12	
College			Hours		Degree
College			Hours		Degree
Graduate, Professional, Business, or Trade School			Hours		Degree/Certificate

Job related licenses, certifications, trainings or skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRAFFIC HISTORY** - In the past ten (10) years, have you received any traffic or parking citations? **Yes No**

Has your driver's license ever been suspended or revoked? **Yes No** If yes, please provide the following information:

Date	Charging Agency	Violation	Guilty, Not Guilty Paid Fine	Details

Explanations:

Have you ever been licensed in another state? If so, which states? \_\_\_\_\_

**ARREST HISTORY** - Have you ever been arrested, detained or convicted of a Misdemeanor or Felony Offense? **Yes No**

If yes, provide the following information:

Date	Charging Agency	Violation	Arrested, Detained Convicted	Details

Explanations:

Have you ever been a part to any civil action in Justice Court, District Court or Federal Court? (Example-Small Claims, Divorce, Bankruptcy, Lawsuit) **Yes No** If yes, provide details: \_\_\_\_\_

**MILITARY RECORD**

Have you ever served in the Armed Forces of the United States? **Yes No**

Branch of Service: \_\_\_\_\_ Dates Served: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you currently a member of the National Guard or other Reserve Unit? \_\_\_\_\_

While serving in the military, did you receive any discipline, court martial, or company punishment? **Yes No**

If yes, explain: \_\_\_\_\_

**ATTACH COPY OF YOUR DD-214**

**AUTHORITY TO RELEASE INFORMATION THIS FORM MUST BE SIGNED!**

Read the following release form carefully and enter your signature and the date in the designated spaces.

**TO WHOM IT MAY CONCERN:**

I am an applicant for a position with the City of Fallon, Nevada. The City needs to investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history is disclosed to the City of Fallon.

I hereby authorized any representative of the City of Fallon bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Fallon, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Fallon to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of organization, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Fallon regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Fallon's acceptance and processing of my application for employment, I agree to hold the City of Fallon, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Fallon. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Fallon in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_