



LYON COUNTY
AN EQUAL OPPORTUNITY EMPLOYER
PRE-EMPLOYMENT APPLICATION

LYON COUNTY EMPLOYS ONLY U.S. CITIZENS OR ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT.

FOR OFFICE USE ONLY
DEPARTMENT: _____
RECEIVED DATE: _____
LYCO REP. INITIALS: _____

INSTRUCTIONS: Please answer all questions **accurately** and **completely**. Use brief factual statements. If more space is needed, use the "Additional Information" section provided at the end of this form. Ask for an explanation if you do not understand a question.
THIS APPLICATION MUST BE COMPLETED LEGIBLY IN ITS ENTIRETY BEFORE YOU WILL BE CONSIDERED FOR EMPLOYMENT.
THIS APPLICATION REMAINS CURRENT FOR 90 DAYS. RE-APPLICATION IS REQUIRED THEREAFTER.

Personal Information			
LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
STREET ADDRESS		CITY	STATE ZIP CODE
HOME PHONE: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? _____ Yes _____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
ALTERNATE PHONE: (____) _____ - _____			
EMAIL: _____			
ARE YOU 18 OR OLDER? ___ YES ___ NO			
TITLE OF POSITION OR DEPARTMENT OF POSITION APPLYING FOR:		DATE AVAILABLE TO WORK:	
Have you read the Job Description? ___ YES ___ NO		Are you capable of performing with or without a reasonable accommodation the essential functions of the job for which you have applied (SEE JOB DESCRIPTION)? ___ YES ___ NO	
Have you been previously interviewed or employed by Lyon County or any other government entity? ___ YES ___ NO If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Lyon County? ___ YES ___ NO If Yes, list names and relationship to you:			
ARE YOU EMPLOYED NOW? ___ YES ___ NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO	

Education				
	Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL OR CERTIFICATE PROGRAMS				

Employment History

Please provide information below for your last ten (10) years of employment, including military service.

Start with the most recent: (Please attach an additional page if necessary, **do not use "see attached resume".**)

EMPLOYER:	DATES EMPLOYED: FROM _____ TO _____	JOB TITLE:
SUPERVISOR:	EMAIL ADDRESS: _____@_____	
PHYSICAL ADDRESS:		
TELEPHONE:	JOB DUTIES:	
WEEKLY PAY: START: FINISH:		
REASON FOR LEAVING:		

EMPLOYER:	DATES EMPLOYED: FROM _____ TO _____	JOB TITLE:
SUPERVISOR:	EMAIL ADDRESS: _____@_____	
PHYSICAL ADDRESS:		
TELEPHONE:	JOB DUTIES:	
WEEKLY PAY START: FINISH:		
REASON FOR LEAVING:		

EMPLOYER:	DATES EMPLOYED: FROM _____ TO _____	JOB TITLE:
SUPERVISOR:	EMAIL ADDRESS: _____@_____	
PHYSICAL ADDRESS:		
TELEPHONE:	JOB DUTIES:	
WEEKLY PAY START: FINISH:		
REASON FOR LEAVING:		

ACCOUNT FOR PERIODS WITHIN THE LAST TEN (10) YEARS THAT YOU WERE NOT EMPLOYED:

STARTING DATE	ENDING DATE	REASON

Have you ever been discharged or asked to resign from a job? YES _____ NO _____ If yes, please explain: _____

MEMBERSHIPS AND/OR SPECIAL LICENSES:

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Do you belong to any professional, trade, business or civic organizations that relate to the position for which you are applying?

YES ____ NO ____ If yes, please explain and list offices held: (omit any organization which reflects your race, color, religion, age, sexual orientation, marital status or disabilities).

References					
Please list names of references who are NOT RELATED TO YOU and NOT CURRENT OR PREVIOUS EMPLOYERS , who can comment directly on your abilities:					
NAME	E-MAIL ADDRESS	HOME ADDRESS	PHONE #	RELATIONSHIP/ OCCUPATION	YEARS KNOWN
	_____@_____				
	_____@_____				
	_____@_____				

If applying for **Highway Department/LCAT/Public Safety/Maintenance Position**, please indicate whether you hold the following valid driver's licenses:

CLASS A _____

CLASS B _____

CLASS C _____

DRIVER'S LICENSE NUMBER: _____

STATE ISSUED: _____

ADDITIONAL INFORMATION: (Use this space for any additional comments you wish to make or to clarify any of your previous answers.) If you are enlarging a previous answer, be sure to identify the questions: _____

If you are Applying for a **Public Safety Position**, please fill out associated Background Checks and attach to Pre-Employment Application (i.e. PHYSICAL EXAM CONSENT, KBI BACKGROUND, AUTHORIZATION AND RELEASE OF DMV RECORDS, APPLICANT CONSENT FOR DRUG TESTING, AND TELEPHONE BACKGROUND CHECK FOR PRIOR EMPLOYERS AND LISTED REFERENCES, ETC.). If you qualify for **VETERANS PREFERENCE**, please fill out the **SELF IDENTIFICATION FOR VETERANS PREFERENCE** form and attach all documents as proof of your status.

IMPORTANT TERMS-READ CAREFULLY

I understand and agree that any employment I might be offered by Lyon County is "at will" employment, which means my employment will be for no definite period of time and may be terminated at any time and for any reason. I understand and agree that only an official of Lyon County has the authority to enter into any legally enforceable contract or to make any legally enforceable promise to an employee. Only written contracts or promises are enforceable. No statements of benefits or policy are an employment contract.

In exchange for the review and consideration of my application for employment, I agree that, unless otherwise provided by statute, upon request by Lyon County, I will take medical examinations or tests which may include or constitute an alcohol or drug test, either prior to my employment or during my employment. The nature and timing of any examinations or tests will be solely the choice of Lyon County, unless otherwise limited by applicable law, and such examinations or tests will be a condition of employment. I agree to the disclosure and release of all examinations and test results and any other relevant information to Lyon County management for review. I further agree that if I refuse to take such examinations or tests, or if the results of such examination or tests are not satisfactory to Lyon County, I will be disqualified from employment or continued employment. I further consent and agree that my person, property and automobile shall be subject to search while on Lyon County premises.

I agree that if employed I will immediately report any discrimination, harassment, or retaliation against me to the IMMEDIATE SUPERVISOR OR HR DIRECTOR who is responsible for my work location. I agree that if employed I will be discharged if I engage in any discrimination, harassment or retaliation.

I certify that the information in this application is true and complete. I authorize my former employers, references and other persons or entities identified in this application to release any and all information about me to Lyon County. I further authorize Lyon County to investigate the information in this application. I release Lyon County and all former employers, references, investigations and other persons and entities from liability and damages that may result from furnishing information about me or from my rejection for employment. I understand and agree that any false or misleading information or any omission of information in this application and any other required documents may subject me to discharge from employment.

THIS APPLICATION REMAINS CURRENT FOR NINETY (90) DAYS. RE-APPLICATION IS REQUIRED THEREAFTER.

SIGNATURE OF APPLICANT

DATE

Lyon County is an Equal Opportunity Affirmative Action Employer. It is the policy of Lyon County not to discriminate in employment matters on the basis of race, creed, color, religion, age, marital status, national origin, sex, protected veteran status or status with regard to public assistance or disability.
