

Employment Center
702-382-7060
ext. 2244



WE REQUIRE
PRE-EMPLOYMENT
DRUG TESTING
MUST BE 25 YEARS OR
OLDER TO APPLY

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____

HOW LONG AT THIS ADDRESS? _____ HOW LONG IN VEGAS? _____

PREVIOUS ADDRESS _____ HOW LONG? _____

IF YOU ARE NOT A CITIZEN of the United States, do you have the legal right to remain and work in the United States?

YES NO ALIEN OR VISA REGISTRATION NUMBER _____

HAVE YOU EVER WORKED FOR US BEFORE? _____ WHEN? _____

LIST ANY RELATIVES WORKING FOR US, INCLUDING RELATIONSHIP _____

IF REFERRED: NAME: _____ EMPLOYEE NO. _____

Have you ever been refused a bond or had a bond revoked? YES NO If yes, explain the circumstances:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

DESCRIBE _____

LIST ALL TRAFFIC OFFENSES FOR THE PAST THREE YEARS, WITH DATES _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY _____

ADDRESS _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

IMPORTANT COMPLETE THE OTHER SIDE OF THIS FORM FOR **EDUCATION, PERSONAL REFERENCES, AND PRIOR WORK HISTORY.** THAT INFORMATION IS AN IMPORTANT PART OF THIS APPLICATION.

I do hereby certify that all the information entered on this form is true and correct to the best of my knowledge. I realize that the discovery of any false information contained herein will result in my discharge.

I also authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

SIGNATURE OF APPLICANT _____

APPLICANT DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____ TIME _____

ACCEPTED _____ REJECTED _____ TO START DATE _____

