Print Form

Parks, Recreation and Neighborhood Services Department

HOURLY EMPLOYEE APPLICATION ADDENDUM

Candidate Name: _____

WELCOME TO THE CITY OF LAS VEGAS!

Thank you for your interest in employment with the city of Las Vegas Parks, Recreation and Neighborhood Services Department.

We work directly with special segments of our community (i.e., youth, special needs, senior citizens, homeless) to provide programs and essential services. Our work hours vary depending upon facility need and candidate skill set. As such, we are tasked with recruiting and employing the most qualified applicants.

To better match your work availability with our need, please provide the following information.

Work Availability *(Choose all that apply.)*

Day

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Hours

☐ 6 a.m.-9 a.m. ☐ 9 a.m.-12 p.m. ☐ 12 p.m.-2 p.m. ☐ 2 p.m.-6:30 p.m. ☐ 6:30 p.m.-9:30 p.m.

Location Choice *(Choose all that apply.)*

Location

☐ Community/Recreation Center
☐ Aquatics/Pool Site
☐ Safekey Elementary School Site
☐ Satellite Camp Site
(summer only when available)
☐ Active Adult/Senior Center
☐ Adaptive Recreation Center
☐ Sports Complex

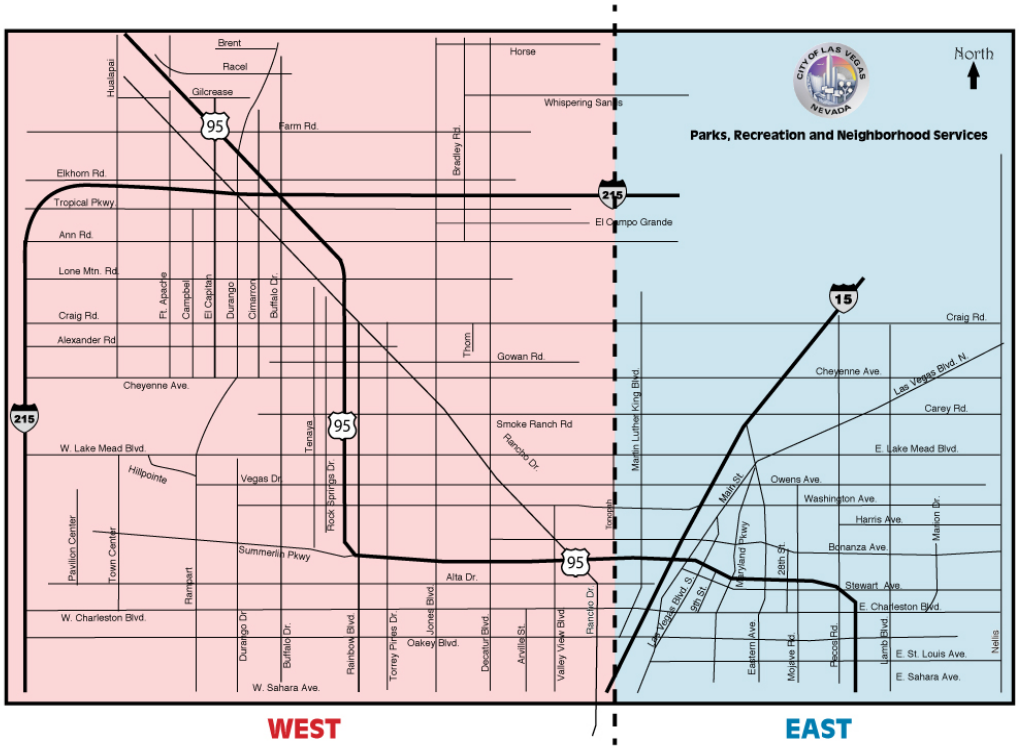
Facility Zone

☐ East ☐ West ☐ No Preference

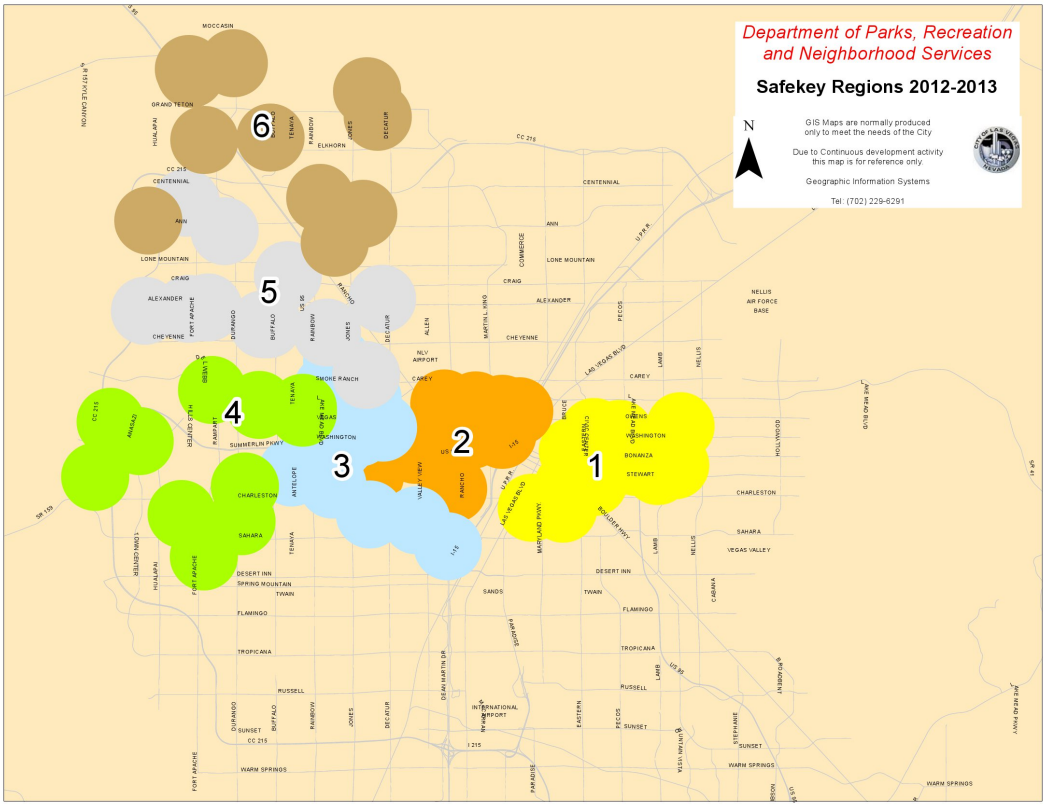
Region (for Safekey Elementary School Sites)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ No Preference

Facility Zone Map



Safekey Region Map



STATE OF NEVADA
Division of Child and Family Services

EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY INFORMATION

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432B.290 (attached). In order to confirm your right to the information, you must provide a complete name - include any other names used – such as maiden name, date of birth and Social Security Number (SSN) to assist with the data search. A photo-identification document must be provided to ensure that the individual has entitled said party to the information contained in the Central Registry.

All requests must be mailed to:
Nevada Division of Child and Family Services, Central Registry
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Or faxed to: 775-684-4455 or 775-684-4456

PART I. IDENTIFYING DATA

List all adults (18 and over) For Whom Information Is Being Requested						
1. Applicant Name:						
Maiden Name:					Date of Birth:	
Alias/other name(s) used:					Driver's License Number:	
Gender/Sex:	Female:	◯	Male:	◯	Social Security Number:	
2. Applicant Name:						
Maiden Name:					Date of Birth:	
Alias/other name(s) used:					Driver's License Number:	
Gender/Sex:	Female:	◯	Male:	◯	Social Security Number:	

List name (s) of children in family or home - include any other name(s) used:					
Last Name:	First:	Middle	DOB:	Sex	SSN:
1.)					
2.)					
3.)					
4.)					

PART II. APPLICANT REQUESTING INFORMATION

Employer/ Agency Requesting Information:

I am an employer and request information in accordance with subsection 3 of NRS 432.1000

Esther Y. O'Connor - Human Resources Technician _____.
Print Name and Title of Person Requesting Data Signature Date

City of Las Vegas; Human Resources Department _____.
Employer/ Agency Name

495 S. Main St, Las Vegas, NV 89101-6318 _____.
Business Address

(702) 229-4763 edomenzain@lasvegasnevada.gov _____.
Telephone Number E-mail Fax Number

PART III. APPLICANT REASON FOR REQUEST:

1. Release to self: I am an adult (18 years or older) and am requesting a Central Registry check on myself.

☐ To determine if I have been found responsible for substantiated child abuse.

2. Release to an agency/individual related to:

☐ Child care related employment ☐ Elder care related employment ☐ CASA
☐ Schools/public and private ☐ Other (please list below)

Explanation: _____.

PART IV. AUTHORIZATION TO RELEASE INFORMATION

A. Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

☐ 1 Name:_____ (self, agency, employer or individual listed in Part II), about a finding of a substantiated report of abuse or neglect in the Central Registry.

CLIENT SIGNATURE 1: _____. Date: _____.

CLIENT SIGNATURE 2: _____. Date: _____.

*** A signed authorization to release information from the Central Registry is required for all Adults (over age 18) listed in Part I.**

*** Required: Please attach a copy of photo identification of applicant – an ID card, driver's license or other form of identification.**

For Central Office Use Only	
☐ **No record Found**	
☐ **Record Found (Please see attached)**	

Date: _____ **Signature:** _____

Name/Title (Print): _____

Posted 5/14/2010

CITY OF LAS VEGAS
AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

HUMAN RESOURCES DEPARTMENT
495 S. MAIN ST., LAS VEGAS, NV 89101, (702) 229-6315

OFFICE USE ONLY	
MMQ	
NQ	
INITIALS	

Review the minimum qualifications listed on the job announcement. If you feel you meet the minimum qualifications, complete and submit this application to the City of Las Vegas Department of Human Resources. BE THOROUGH AND COMPLETE ALL AREAS OF THE APPLICATION. The answers you provide will determine whether or not you will continue in the screening process. Your completed application, combined with any supplementary materials specified on the job announcement, MUST be received by the Department of Human Resources no later than 4:30 p.m. (Pacific Time) on the closing date specified on the job announcement. **Incomplete, outdated, undated or unsigned applications WILL NOT be processed**. We are not responsible for materials lost or delayed in the U.S. Mail.

Faxed applications are accepted, unless otherwise indicated on the job announcement. Applications that are accepted by fax MUST BE RECEIVED by the City of Las Vegas Department of Human Resources at (702) 385-1259 no later than 4:30 p.m. (Pacific Time) on the closing date specified on the job announcement.

PLEASE READ ALL INSTRUCTIONS CAREFULLY
TYPE OR PRINT ALL ANSWERS IN BLUE OR BLACK

POSITION APPLIED FOR	
JOB CODE NUMBER	

PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)
OTHER NAMES USED (MAIDEN NAME, ALIAS, AKA, ETC.)		
ADDRESS (STREET, PO BOX, APARTMENT #, ETC.)		
ADDRESS (CITY)	(STATE/COUNTRY)	(ZIP CODE)

SOCIAL SECURITY NUMBER	
HOME PHONE NUMBER	
ALTERNATE PHONE NUMBER	
E-MAIL ADDRESS	

Are you currently employed by the City of Las Vegas?	◯ YES ◯ NO
If "YES", in what capacity?	◯ Hourly ◯ Temporary ◯ Substitute ◯ Regular
Have you previously worked for the City of Las Vegas?	◯ YES ◯ NO
If "YES", provide dates of employment.	FROM: TO:
Are you a Nevada PERS retiree?	◯ YES ◯ NO
Do you have any relatives employed by the City of Las Vegas?	◯ YES ◯ NO
If "YES", provide name and relationship.	NAME: RELATIONSHIP:
Do you have the legal right to work in the United States?	◯ YES ◯ NO

CONVICTION INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, GROSS MISDEMEANOR OR FELONY?	◯ YES ◯ NO

If "YES", please provide detailed information for EACH conviction below.
(USE SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

DATE	LOCATION (CITY, STATE)	NATURE OF OFFENSE	DISPOSITION (PAID FINE, TIME SERVED, ETC.)

HAVE YOU BEEN CONVICTED OF A MOVING TRAFFIC VIOLATION WITHIN THE LAST FIVE YEARS?	◯ YES ◯ NO

If "YES", please provide detailed information for EACH conviction below.
(USE SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

DATE	LOCATION (CITY, STATE)	NATURE OF OFFENSE	DISPOSITION (PAID FINE, TIME SERVED, ETC.)

Include any conditions of your parole and/or probation, if applicable. DUI, reduction of DUI, reckless and careless driving convictions MUST be included. A criminal conviction does not necessarily preclude employment. Each case is considered on its individual merits.

OMISSION OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

This section can only be amended if a conviction occurs after the application has been time-stamped. In that event, it is your responsibility to provide any conviction updates to Human Resources during the life of the application.

Any misrepresentation or material omission of fact may be considered grounds for DISQUALIFICATION and/or DISMISSAL.

LICENSING

Do you possess a valid driver's license? If "YES", please provide the information below:		◯ YES ◯ NO
TYPE OF LICENSE		If commercial, provide type and endorsements, if any.
ISSUING STATE		
LICENSE NUMBER		
EXPIRATION DATE		

List any other valid, applicable licenses and certificates you hold

TYPE OF LICENSE OR CERTIFICATE	ISSUING STATE	REGISTRATION NUMBER	EXPIRATION DATE

EDUCATION AND TRAINING

When claiming college, business or vocational school credits for meeting minimum qualifications, you are required to submit a copy of your degree or a legible photocopy of your up-to-date transcript with this application. Failure to do so may delay processing or disqualify your application. All documents submitted become the property of the City of Las Vegas Department of Human Resources and cannot be returned.

EDUCATION WILL BE VERIFIED

Did you pass all required proficiency exams AND receive a high school diploma?	◯ YES ◯ NO
If "YES", please provide:	SCHOOL NAME LOCATION (City, State)
If "NO", do you have a GED certification?	◯ YES ◯ NO
If "YES", please provide:	DATE OBTAINED LOCATION (City, State)
If "NO", please indicate highest grade completed. Example (7, 8, 9, 10, 11)	

COLLEGE/UNIVERSITY NAME AND LOCATION	FROM (MO/YR)	TO (MO/YR)	FIELD OF STUDY OR MAJOR	CREDIT HOURS COMPLETED	DEGREE EARNED (EX: Bachelor of Science) COPY **MUST** BE ATTACHED

BUSINESS/TRADE SCHOOL NAME AND LOCATION	FROM (MO/YR)	TO (MO/YR)	FIELD OF STUDY	CREDIT HOURS COMPLETED	CERTIFICATE EARNED COPY **MUST** BE ATTACHED

EMPLOYMENT HISTORY

Provide your employment history (MINIMUM 10 YEARS), beginning with your most recent experience.

- **Include volunteer and U.S. Military service.**
- **Describe the work you performed in detail so that we can determine not only your tasks, but the level of responsibility. Failure to do so may delay processing or disqualify your application.**
- **List each promotion separately.**
- **Explain gaps between employment periods (i.e. "Attending School", etc.)**
- **If more space is needed, please complete and attach an Experience Addendum Sheet and/or additional pages as needed to fully detail your work experience.**
- **You are encouraged to attach a resume but reference to a resume in lieu of completing this section is not permissible.**

EMPLOYMENT HISTORY WILL BE VERIFIED

MAY WE CONTACT YOUR CURRENT EMPLOYER?	◯ YES ◯ NO
CURRENT / MOST RECENT EMPLOYER FROM: MONTH / YEAR TO: MONTH / YEAR	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	DESCRIPTION OF DUTIES/RESPONSIBILITIES:
TELEPHONE NUMBER:	
SUPERVISOR NAME / TITLE:	

SALARY: $		PER: ◯ HOUR ◯ MONTH ◯ YEAR	NUMBER OF HOURS PER WEEK:	
REASON FOR LEAVING:				

PRIOR EMPLOYER FROM: MONTH / YEAR TO: MONTH / YEAR	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	DESCRIPTION OF DUTIES/RESPONSIBILITIES:
TELEPHONE NUMBER:	
SUPERVISOR NAME / TITLE:	

SALARY: $		PER: ◯ HOUR ◯ MONTH ◯ YEAR	NUMBER OF HOURS PER WEEK:	
REASON FOR LEAVING:				

EMPLOYMENT HISTORY - CONTINUED

PRIOR EMPLOYER FROM: MONTH / YEAR TO: MONTH / YEAR	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	DESCRIPTION OF DUTIES/RESPONSIBILITIES:
TELEPHONE NUMBER:	
SUPERVISOR NAME / TITLE:	

SALARY: $		PER:	◯ HOUR ◯ MONTH ◯ YEAR	NUMBER OF HOURS PER WEEK:	
REASON FOR LEAVING:					

PRIOR EMPLOYER FROM: MONTH / YEAR TO: MONTH / YEAR	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	DESCRIPTION OF DUTIES/RESPONSIBILITIES:
TELEPHONE NUMBER:	
SUPERVISOR NAME / TITLE:	

SALARY: $		PER:	◯ HOUR ◯ MONTH ◯ YEAR	NUMBER OF HOURS PER WEEK:	
REASON FOR LEAVING:					

PRIOR EMPLOYER FROM: MONTH / YEAR TO: MONTH / YEAR	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	DESCRIPTION OF DUTIES/RESPONSIBILITIES:
TELEPHONE NUMBER:	
SUPERVISOR NAME / TITLE:	

SALARY: $		PER:	◯ HOUR ◯ MONTH ◯ YEAR	NUMBER OF HOURS PER WEEK:	
REASON FOR LEAVING:					

RECRUITMENT SOURCE

How did you learn about this position?

PLEASE MARK BELOW (X)	OFFICE USE ONLY	RECRUITMENT SOURCE	PLEASE SPECIFY, AS INDICATED
☐	**EM**	**City Employee Referral**	
☐	**FR**	**Friend or Relative**	
☐	**HR**	**Walk-In**	
☐	**IN**	**Internet**	**WEBSITE:**
☐	**INT**	**City of Las Vegas Internet/Intranet**	
☐	**JH**	**Job Hotline**	
☐	**NW**	**Newspaper, Magazine or Journal**	**PUBLICATION:**
☐	**OT**	**Other**	**SPECIFIC SOURCE:**
☐	**RT**	**Radio or Television Station**	
☐	**SC**	**School/College Placement Office**	
☐	**SE**	**State Employment Department**	
☐	**SM**	**Seminar/Career Fair**	

SIGNATURE

This application will be used for one recruitment only. If you wish to apply for other positions with the City of Las Vegas, you must submit an application for each position. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be the entire examination process, your failure to provide complete information could delay or even disqualify you from consideration. It is your responsibility to notify Human Resources in writing of any changes in address or phone number.

- **I certify that the statements made by me on this application are true, complete and correct.**
- **If employed, I understand that any misrepresentation or material omission of fact on this or any other document required by the City may be considered as constituting grounds for dismissal.**
- **Additionally, any individual offered employment may be required to demonstrate the ability to perform the physical requirements of the job. I, therefore, authorize the City's assigned doctor to release to the City any information regarding my physical examination and/or pre-employment screening.**
- **Having applied for employment with the City of Las Vegas, I do hereby agree and give my consent that any person, firm or organization listed herein is authorized to furnish the City with personal or reference material concerning my character, past employment or any other information they so request.**
- **I further agree and hereby give my consent for the City to utilize my email address for customer service survey purposes and/or furnish any statistical data regarding this application that may be required for compliance with the Equal Employment Opportunity guidelines.**
- **I further understand that any offer of employment is subject to successful completion of a background investigation, drug screening and Child Abuse and Neglect System inquiry (CANS check).**

_____
Parent Signature (if applicant is a minor)

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this application form. The number will be used by the City of Las Vegas to help verify your identity and information contained on the application.

_____ _____

SIGNATURE **DATE**

OPTIONAL
EQUAL EMPLOYMENT OPPORTUNITY SURVEY

The following information is necessary for the City of Las Vegas to evaluate its recruiting and hiring practices and to prepare reports required by law for the state and federal governments. This information will be used solely for research and statistical purposes and in no way affects any employment decision. Your **voluntary** cooperation would be appreciated.

POSITION APPLIED FOR	
JOB CODE NUMBER	

NAME (LAST)	(FIRST)	(MIDDLE)

GENDER	◯ MALE ◯ FEMALE
DATE OF BIRTH	
ETHINIC ORIGIN	Please check one box only for the category that most closely describes your ethnic background: ◯ American Indian or Alaskan Native (Not Hispanic or Latino) - Persons having origins in any of the original peoples of North and South America (including Central America.) ◯ Asian (Not Hispanic or Latino) – Persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. ◯ Black or African American (Not Hispanic or Latino) – Persons having origins in any of the Black racial groups. ◯ Hispanic or Latino – Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish descent. ◯ Native Hawaiian/Other Pacific Islander - (Not Hispanic/Latino) Persons having origins in Hawaii, Guam, Samoa or the Pacific Islands. ◯ White (Not Hispanic or Latino) – Persons having origins in any of the original peoples of Europe or North Africa. ◯ Two Or More Races (Not Hispanic or Latino)

FOREIGN LANGUAGE

Other than English, please note your knowledge of any foreign languages and indicate your level of competence in each by marking the appropriate box:

FOREIGN LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair
FOREIGN LANGUAGE	**READING**	**SPEAKING**	**UNDERSTANDING**	**WRITING**
	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair
FOREIGN LANGUAGE	**READING**	**SPEAKING**	**UNDERSTANDING**	**WRITING**
	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair	◯ Fluent ◯ Good ◯ Fair

AMERICANS WITH DISABILITIES ACT

Pursuant to the requirement of the Americans with Disabilities Act, do you require reasonable accommodations during the application and/or testing process?

◯ YES ◯ NO ---- If "YES", please identify your need: