

## SECOND JUDICIAL DISTRICT COURT APPLICATION FOR EMPLOYMENT

APPLICATIONS MAY BE SUBMITTED TO: 75 Court St., Room 220A, Reno, NV 89501

OR

EMAIL: HR@washoecourts.us TELEPHONE: (775) 328-3401 FAX: (775) 325-6601

## If completing this document by hand, please print clearly in blue or black ink. If you need assistance, please use the above information to contact Human Resources.

Title of Position for which yo	Date:	
PERSONAL INFORMAT	TION:	
Last Name:	First Name:	M.I:
Street Address:	City:	State: Zip:
Home Phone:	Business/Message Phone:	Cell Phone:
Email Address:	Driver's License/	'State/Exp Date:
	for Second Judicial District Court? Yes No tment? In what capacity?	•

All degrees, certifications, and work experience listed on the job application must be verified by providing unofficial transcripts, a copy of degree obtained or certification.

## **EDUCATION/CERTIFICATION:**

Do you have?	High School Diploma	G.E.D. (	Certificate High Sc	hool Proficiency
	ocation of Colleges or Schools Attended	Units Completed	Major	Degrees or Certificates Received

## **EMPLOYMENT HISTORY:**

Beginning with your current or most recent employer (including self-employment experience), list your work record for the past 10 years. List jobs held prior to the last 10 years if they specifically relate to the position for which you are applying. If more than one position has been held with the same organization, list each separately. Attach additional sheets as necessary.

Employer Name:		Address:	Supervisor Phone:
From: //	Your Title: Duties:		Supervisor:
To:/ (Mo/Yr) Or Current Position			
Full Time (40 Hrs/Wk)			
Part Time ( Hrs/Wk)			
	Software Used:		
	Number and Title of	people you supervised:	
	Reason for leaving:_		

Employer Name:	Addres	s: Supervisor Phone:
From:/ (Mo/Yr) / (Mo/Yr)	Your Title: Duties:	Supervisor:
Full Time (40 Hrs/Wk) Part Time ( Hrs/Wk)	Software Used: Number and Title of people you su Reason for leaving:	ıpervised:

Employer Name:		Address:	Supervisor Phone:	
From:/ 	Your Title: Duties:		Supervisor:	
Full Time (40 Hrs/Wk) Part Time ( Hrs/Wk)	Number and Title of p	people you supervised:_		

Employer Name:	A	ddress:	Supervisor Phone:
From: // 	Your Title: Duties:	Supe	rvisor:
Full Time (40 Hrs/Wk) Part Time ( Hrs/Wk)		7ou supervised:	

Employer Name:	Address:	Supervisor Phone:
From://	Your Title: Duties:	Supervisor:
To:/		
Full Time (40 Hrs/Wk)		
Part Time ( Hrs/Wk)	Software Used:	
	Number and Title of people you supervised:	
	Reason for leaving:	

Employer Name:	Address:	Supervisor Phone:	
From: / (Mo/Yr) To: / (Mo/Yr) Full Time (40 Hrs/Wk) Part Time	Your Title: Duties:	Supervisor:	
Turt Time	Software Used: Number and Title of people you superv Reason for leaving:	ised:	

Employer Name:	Address:	Supervisor Phone:
From:/ To:/ Full Time (40 Hrs/Wk) Part Time (Hrs/Wk)	Your Title: Duties:	Supervisor:
	Software Used: Number and Title of people you supervised: Reason for leaving:	

## **COVER LETTER:**

Please type or paste your cover letter in the field below.

## **PROFESSIONAL REFERENCES:**

Name:	Phone:	Email:
Name:	Phone:	Email:

May we contact all employers listed?	Yes	No	Final Application Page
If no, indicate exceptions and explain:			

By signing, I agree to the following:

I declare that I personally completed this application on my own, and all information provided by me is true and complete to the best of my knowledge. I declare that this application and any documents to supplement or support it contain no falsifications or misrepresentations, nor do they omit or conceal any material facts. I further acknowledge that the discovery, of any falsification, misrepresentation, omission, or concealment shall result in my disqualification from consideration for employment or, if already employed, in my termination from employment. I attest that I have the legal right to reside and work in this country, and understand that right must be maintained (proof required upon/throughout employment).

I hereby consent to any lawful background investigation which the Second Judicial District Court requires of all applicants for employment. I release the Second Judicial District Court from any liability by reason of requesting such information from any person. I understand that this investigation may include inquiries to any or all current and former employers, verification of my education and certifications, and criminal background checks. I hereby authorize all of my former employers, school officials, and other individuals to release any and all information concerning my prior education and employment. I further release and hold harmless all parties and persons from any and all liability for damages that may result from furnishing such information. I understand that all offers made by the Second Judicial District Court are contingent upon a successful completion of these processes, and any offer may be rescinded, at any time, for any reason. I understand that any offer of employment will be considered at-will.

Signature:	Date:	

List any other names that you have used:

#### EOE/M/F/D/V/SO

The Second Judicial District Court is an equal employment opportunity employer, and does not discriminate in hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, disability, genetic information, or any other characteristic protected by local, State or Federal law.

If a conditional offer has been extended then a conviction disclosure statement will be required.

A record of conviction will not necessarily bar applicant from employment and the Second Judicial District Court will consider factors such as: 1) the length of time that has passed since the offense; 2) the age of the applicant at the time of the offense; 3) the severity and nature of the offense; 4) the relationship of the offense to the positions for which the applicant has applied and 5) evidence of the rehabilitation of the applicant.

Please make sure your application packet includes the following:

- SJDC Job Application
- Cover Letter
- Resume
- 3 Professional References
- Education Verification
- Writing Sample Law Clerk Applications only

Application packets missing this information will not be considered for employment.



# SECOND JUDICIAL DISTRICT COURT HUMAN RESOURCES DEPARTMENT

### **OPTIONAL DEMOGRAPHIC SELF-IDENTIFICATION FORM – CONFIDENTIAL**

The completion of this form is separate from the application and is completely voluntary. The decision not to complete the form will have no effect upon your employment application.

To comply with Federal, State and local guidelines in equal employment practices, the Second Judicial District Court must gather information and maintain records on application flow, and recruitment sources. Neither this form nor the information you provide will be used for any other purpose not required by Federal, State and local guidelines. Personally Identifiable Information (PII), such as names or employee numbers, will not be attached to this form or the associated reports, and this form will not be retained in your personnel file.

The following information will be used to comply with laws pertaining to civil rights enforcement.

Title of position for which you are applying: \_\_\_\_\_

## This information will not be provided to the hiring manager.

The following information will be used to comply with laws pertaining to civil rights enforcement.

Ethnicity	Race	Age	Veteran Status
Hispanic or Latino	American Indian or Alaska Native	Under 18	I Inactive
Not Hispanic or		1 18-39	Active
Latino	Asian		
		40 and over	Disabled
Prefer Not to	Black or African American		
Disclose		P Prefer Not to	Inactive Reserve
	d Middle Eastern	Disclose	
			R Reserve
	Native Hawaiian or Other		Detined
	Pacific Islander		Retired
	North African		Vietnam Veteran
	White		r Prefer Not to Disclose
	Two or More Races		
	Prefer Not to Disclose		

## Optional Demographic Form Page 2

Chapter 239B of the Nevada Revised Statutes (NRS) requires governmental agencies to request information related to sexual orientation and gender identity or expression. The information obtained below will be reported to annually to the Director of the Legislative Counsel Bureau. This data will enable state agencies to monitor the health and well-being of LGBTQ+ Nevadans and enhance and improve public services and programs available to LGBTQ+ residents.

Gender Identity/Expression	Sexual Orientation
Female	Bisexual
Male	Gay/Queer
Other	Heterosexual/Straight
T Transgender	Lesbian/Gay
P Prefer Not to Disclose	Other
	Prefer Not to Disclose