



Lander County Convention & Tourism Authority
 470 S. Broad Street
 Battle Mountain, NV. 89820
landercta@gmail.com
 (O) 775-635-1112 (M) 775-931-3799
 An equal Opportunity Employer

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Position Applied for: _____

If offered the position, what date can you be available to start? _____

Do you understand the job description or had the requirements explained to you? Yes Or No

Can you lift up to 30lbs.? _____

Are you over 21? _____

After an offer of employment, can you submit verification of your legal right to work in the United States? _____

List any current Licenses, certifications that relate to the position being offered?

Do you have a valid drivers license? DLN # _____ State: _____

Please rate all applications you have used.

| | Proficiency Rating 0-10 | 0- no experience | 10-Extremely proficient |
|---------------|-------------------------|------------------|-------------------------|
| Excel | _____ | | |
| Word | _____ | | |
| Canva | _____ | | |
| Outlook/Gmail | _____ | | |
| Power Point | _____ | | |
| Accounting | _____ | | |
| Social Media | _____ | | |

Please list any information that you feel will be helpful in determining your qualifications for this position. _____

Please list languages you are fluent in? _____

Please list any names you have ever used. _____

Have you ever been convicted of , plead guilty or non contredre to, or have been granted deferred adjudication for a felony, misdemeanor, or any lesser crime other than a minor traffic infraction?
If yes, list all such offenses and provide dates, name of court, and disposition. Omission of information may be considered disqualification from the employment pre-screening process or result in immediate termination of employment. _____

Have you ever been disciplined in the course of any employment for work place violence?

If yes, Please explain. _____

Do you presently use any illegal drugs? _____

Are you related to anyone employed or appointed to the Lander County Convention & Tourism Authority?

Do you have a conflict of interest in anyway to the Lander County Convention & Tourism Authority?

Yes or No? _____ If you do please state reason. _____

Employment History Please include as much history as it relates to this position

Please provide all paid and volunteer work , which may be related to the position for which you are applying . _____

Present Employer: _____

Position: _____

From (Mo/YR) _____ To (Mo/YR) _____

Immediate Supervisors Name and contact information _____

May we contact them for a reference? _____

Duties: _____

Former Employer: _____

Position: _____

From (Mo/YR) _____ To (Mo/YR) _____

Reason for leaving? _____

Immediate Supervisors Name and contact information _____

May we contact them for a reference? _____

Duties: _____

Former Employer: _____

Position: _____
From (Mo/YR) _____ To (Mo/YR) _____
Reason for leaving? _____
Immediate Supervisors Name and contact information _____
May we contact them for a reference? _____
Duties: _____

Please list at least 3 references that we may contact about you.

Name _____
Address _____
Phone Number _____
Best time to call _____

Name _____
Address _____
Phone Number _____
Best time to call _____

Name _____
Address _____
Phone Number _____
Best time to call _____

Education Record

Did you graduate from High School or GED? _____

School Name: _____

Location: _____

School Name: _____

Location: _____

Diploma, Degree or Certificate earned : _____

Major Field of study: _____

School Name: _____

Location: _____

Diploma, Degree or Certificate earned : _____

Major Field of study: _____

Acknowledgments

Please read the following statements and initial each of the lines to indicate that you have read and understand each of the following statements. If you have any questions please contact the Authority at 775-635-1112 or 775-931-3799 or landercta@gmail.com.

The Lander County Convention & Tourism Authority will be referred as the "Authority" in this document.

_____ *All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements can not be relied on.*

_____ *This application once submitted becomes the property of the Lander County Convention & Tourism Authority*

_____ *I authorize the "Authority" to contact my current or previous employers that I have listed on this application.*

_____ *I authorize the "Authority" to contact any institution and or school or licensing authority to verify my application.*

_____ *In exchange for the "Authority's" consideration of my employment application, and /or any continued employment with the "Authority," I the applicant, release the organizations and all/any individuals that provide information or acquired information, including the "Authority", from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.*

_____ *I further understand this consent will apply during the entire course of my employment with the "Authority" should I obtain employment. I understand and agree to this consent and it shall remain in effect indefinitely.*

_____ *I agree to sign a confidentiality agreement regarding all information that I will be trusted with, as it relates to "Confidential" NON Public Information as the legal Secretary with or on behalf of the "Authority"*

_____ *I hereby certify that all statements made in this application are true to the best of my knowledge. I understand any false statement of material facts herein may cause forfeiture on my part, all rights to any employment with the Authority. I understand that neither this document nor any offer of employment constitutes any employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related physical examination or drug screening upon a conditional offer of employment.*

Additionally, my signature below certifies that the information that I provided is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Received application on: Date: _____

Time: _____