

EMPLOYMENT APPLICATION



**Public Employees' Retirement
System of Nevada**
Email Completed Application to:
jobs@nvpers.org

For Staff/Official Use Only

Received: _____

Important! Please Read Before you begin the application process:

Applications failing to include sufficient information will be deemed as invalid.

Please ensure your application is received by the closing date as indicated on the job posting.

JOB INFORMATION

POSITION TITLE:

PERSONAL INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

ALTERNATE PHONE

DATE AVAILABLE TO START

WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? PHONE OR EMAIL

EMAIL ADDRESS

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- Some High School
 High School

- Some College
 Technical College

- Associate's Degree
 Bachelor's Degree

- Master's Degree
 Specialist's Degree

- Doctorate Degree

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7 8 9 10 11 12

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

SCHOOL NAME

DEGREE RECEIVED

DATES ATTENDED

DID YOU GRADUATE?
YES NO

SEMESTER QUARTER
OF UNITS COMPLETED:

SCHOOL LOCATION (CITY/STATE)

MAJOR

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

PUBLIC EMPLOYMENT EXPERIENCE

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF NV? YES NO

2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE.

(AGENCY NAME)

(CURRENT JOB TITLE)

3. HAVE YOU EVER WORKED AS A LIAISON OFFICER OR SIGNATURE AUTHORITY FOR A NEVADA PUBLIC EMPLOYER? YES NO

4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF SEPARATION.

(AGENCY NAME)

(PREVIOUS JOB TITLE)

(DATE OF SEPARATION)

5. DO YOU HAVE ANY PREVIOUS PUBLIC PENSION OR PUBLIC EMPLOYEE BENEFITS EXPERIENCE? YES NO

6. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR JOB TITLE.

(AGENCY NAME)

(JOB TITLE)

7. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO

ADDITIONAL INFORMATION

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Public Employees' Retirement System of Nevada. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from public service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE

Public Employees' Retirement System of Nevada

EMPLOYMENT QUESTIONNAIRE

The following information will be used by the Public Employees' Retirement System of Nevada for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, national origin, handicap or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision.

Choose one ethnic group with which you most closely identify:

American Indian or Alaskan Native. (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.)

Black. (Not of Hispanic origin: All persons having origins in any of the Black racial groups.)

East, Asian/Pacific Islander. (All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa)

Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.)

White. (Not of Hispanic origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)

Gender: Male

Female

WORK HISTORY - Continued (if needed)

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			

DATES From _____ To _____		EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			