



STATE OF NEVADA
EMPLOYMENT APPLICATION
NEVADA STATE BOARD OF COSMETOLOGY

1785 E. Sahara Avenue, Suite 255 89104-3733 Phone (702) 486-6542
4600 Kietzke Lane, Building O, Suite 262 89502-5033 Phone (775) 688-1442

Equal Opportunity Employer / Affirmative Action

Web Site: <http://cosmetology.nv.gov>

READ INSTRUCTIONS BEFORE PROCEEDING

INSTRUCTIONS

1. **Read the job announcement carefully** before you apply. Job announcements contain special instructions and requirements. It is your responsibility to ensure that you meet those requirements. If you have not seen a job announcement, you can receive or view one by:
 - Visiting a Department of Personnel office in Carson City or Las Vegas.
 - Visiting a Nevada JobConnect office.
 - Calling a Department of Personnel office in Carson City, 775-684-0150, or Las Vegas at 702-486-2900. If calling from outside these areas, but within Nevada, call toll-free 1-800-992-0900, extension 150, during working hours.
 - Visiting our website.
2. **Do not substitute a resume or other application form for this application.** Resumes may be attached only for additional information.
3. **Print clearly in dark ink or type.** Give complete and accurate information.
4. Complete a **separate application** for each job. Photocopies are acceptable, but original signatures are required. **Write the exact job title and announcement number** as specified on the job announcement.
5. Veterans' preference (per U.S.C. 38.4211) may be used for all open-competitive examinations, **but only for one promotional examination.** Veterans' preference requires proof; e.g., DD214. Disabled veterans receive additional preference; letter from Veteran's Administration is required. Preference for being the widow/widower of a veteran requires proof of marriage, military service and death.
6. An applicant offered employment in a position affecting public safety may be required to take a controlled substance screening test. Employment is contingent on passing the test. The job announcement will indicate if this is a requirement.
7. Employment History Section. Be specific and complete. The information provided will be used to determine if you meet the minimum qualifications, and, if an examination is required, whether you will be admitted. For jobs with a training and experience rating, scores may be based upon information in this section.
 - List your present or most recent experience first. Include all job-related volunteer and/or unpaid experience.
 - List each job (including promotions) separately, even if it was within the same organization.
 - If you attach additional information sheet(s), include **all** of the information requested on the application; i.e., dates of experience, hours per week, etc.
 - If the hours per week on a job vary, use the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour week as the standard for full-time work.
 - To receive proper credit, list the most important and/or time consuming activities and the percentage of time spent on each for each position. Percentages should add up to 100%. Do not include unimportant duties that are performed only occasionally.
8. Sign and date the application. Your signature indicates your agreement with the statements listed above it and understanding of the statements listed on this page.
9. Retain a copy of the application for presentation to the hiring agency when called for an interview. **The Department of Personnel cannot supply copies.**
10. **Submit the application as directed on the job announcement.** Your application must be delivered to the agency designated on the bottom of the job announcement by 5:00 p.m. on the final filing date. Applications received after 5:00 p.m. of the final **FILING DATE WILL NOT BE ACCEPTED.** Additional information may not be accepted after the close of the filing period.
11. Your application and all attachments become the property of the Department of Personnel and cannot be returned. Work samples, letters of recommendation and the like should **not** be submitted with the application. You may take such material with you to the actual employment interview.
12. The incomplete or improper completion of an application may result in the application being returned or rejected.
13. Attention Current State Employees. You must indicate your Department, and, if applicable, your Division. If you are unsure, contact your supervisor or agency personnel office.
14. Contact the Department of Personnel at the numbers listed in No. 1 above if you have any questions about completing the application or if there is any change to your name, address, telephone number or promotional status.



STATE OF NEVADA
EMPLOYMENT APPLICATION

Nevada State Board of Cosmetology
Las Vegas, Nevada 89104-3733 or
Reno, Nevada 89502-5033

Equal Opportunity Employer/Affirmative Action

Table with 2 columns: RECEIVED, APP IN. Row 1: RECEIVED, APP IN. Row 2: ID#, (blank)

Job Title for which you are applying: _____

Announcement Number: _____

CONTACT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address (Street or P.O. Box): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Preferred Method of Contact: _____

AVAILABILITY

Date you will be available for employment: _____

Type of work you will accept (check all that apply)

- Permanent Full-Time, Permanent Part-Time, Intermittent (on-call), Temporary, Seasonal, Shiftwork/Weekends

How much of your work week would you be willing to travel?

- None, Up to 25%, Up to 50%, More than 50%

OTHER INFORMATION

Preference Claimed for Nevada Resident [] Yes [] No

Preference claimed for Veteran Status [] Yes [] No

Veteran, Widow/Widower of Veteran, Disabled Veteran (Proof required no later than the final testing. If examination is a training and experience evaluation, proof must be submitted by close of filing period)

MEMBER OF:

Sheriff's Department Search and Rescue or Reserve Unit or Civil Air Patrol Unit (Disclosure required by State Law NRS 414.250) [] Yes [] No

CRIMINAL CONVICTIONS/TRAFFIC VIOLATIONS: Have you ever been convicted of:

Any misdemeanor, gross misdemeanor or felony? (You must answer yes if you have any convictions, in any state, no matter how long ago, even if they have been set aside, vacated, pardoned, expunged, dismissed or appealed, whether or not your civil rights were restored, you successfully completed probation, went to trial, entered a guilty plea or a no contest plea.)

Yes No

A moving traffic violation within the last five years?

Yes No

If yes to either of the above, provide detail giving date(s), time(s), location(s), circumstance(s), and dollar amounts of fine(s). Include any conditions of your parole and/or probation, if applicable. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

Are you currently employed with the State of Nevada?

Yes No

(If yes, list Department and Division where employed)

Dept _____ Division _____

Have you previously been employed with the State of Nevada?

Yes No

(If yes, list most recent Department, Division and dates)

Dept _____ Division _____

From _____ To _____

Do you have relative(s) working for the State of Nevada?

Yes No

(If yes, list their name(s), Department(s) in which employed and their relationship to you)

Have you ever been terminated or requested to resign (instead of termination) from any position? (If yes, please identify the name of the employer and explain the circumstances surrounding the severance of your employment relationship). Yes No

EDUCATION AND TRAINING (Pursuant to State law, use of a false or misleading degree is prohibited)

High School Diploma or Equivalent Completed

Yes

No

College, University or Professional School:

(If you have college credits but have not yet graduated with a degree, please enter your college courses in the second grid box below)

Institution	Location	Cumulative credit hours	Type of Degree (AA, BS, etc)	Date Degree Received	Major	Minor

College, Business, Correspondence or Vocational School:

Institution	Location	Program, Class or Subject	Class Hours	Date Certificate Received	College class credits

LICENSES

Drivers License: Class _____ State _____ Expiration Date _____

Professional License/Certification/Registration (Examples: Doctors, Lawyers, Nurses Engineers, Social Workers, Teachers, etc.) Please attach a copy

Title _____ Number _____

Issuing Board _____ State _____ Expiration Date _____

EMPLOYMENT HISTORY

Current or Last Employer

Location (City, State) _____

From (month/year) _____ To _____ Total length of experience (years/months) _____

Full Time (40 Hrs/Week)

Part Time (_____ Hours per week)

Your Title _____

Last Monthly Salary _____

Supervisor _____

Phone No. _____

Number and title(s) of people you supervised _____

Machines/equipment you used _____

Major duties: (include percentages of time – all duties should total 100%)

- 1. _____ % of time _____
- 2. _____ % of time _____
- 3. _____ % of time _____
- 4. _____ % of time _____
- 5. _____ % of time _____

Reason for leaving _____

Employer _____

Location (City, State) _____

From (month/year) _____ To _____ Total length of experience (years/months) _____

Full Time (40 Hrs/Week)

Part Time (_____ Hours per week)

Your Title _____

Last Monthly Salary _____

Supervisor _____

Phone No. _____

Number and title(s) of people you supervised _____

Machines/equipment you used _____

Major duties: (include percentages of time – all duties should total 100%)

- 1. _____ % of time _____
- 2. _____ % of time _____
- 3. _____ % of time _____
- 4. _____ % of time _____
- 5. _____ % of time _____

Reason for leaving _____

Employer _____

Location (City, State) _____

From (month/year) _____ To _____ Total length of experience (years/months) _____

Full Time (40 Hrs/Week)

Part Time (_____ Hours per week)

Your Title _____

Last Monthly Salary _____

Supervisor _____

Phone No. _____

Number and title(s) of people you supervised _____

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Major duties: (include percentages of time – all duties should total 100%)

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- 2. _____ % of time _____
- 3. _____ % of time _____
- 4. _____ % of time _____
- 5. _____ % of time _____

Reason for leaving _____

Employer _____

Location (City, State) _____

From (month/year) _____ To _____ Total length of experience (years/months) _____

Full Time (40 Hrs/Week) Part Time (_____ Hours per week)

Your Title _____ Last Monthly Salary _____

Supervisor _____ Phone No. _____

Number and title(s) of people you supervised _____

Machines/equipment you used _____

Major duties: (include percentages of time – all duties should total 100%)

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- 3. _____ % of time _____
- 4. _____ % of time _____
- 5. _____ % of time _____

Reason for leaving _____

Employer _____

Location (City, State) _____

From (month/year) _____ To _____ Total length of experience (years/months) _____

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- 5. _____ % of time _____

Reason for leaving _____

Employer _____

Location (City, State) _____

From (month/year) _____ To _____ Total length of experience (years/months) _____

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Your Title _____ Last Monthly Salary _____

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Number and title(s) of people you supervised _____

Machines/equipment you used _____

Major duties: (include percentages of time – all duties should total 100%)

- 1. _____ % of time _____
- 2. _____ % of time _____
- 3. _____ % of time _____
- 4. _____ % of time _____
- 5. _____ % of time _____

Reason for leaving _____

IMPORTANT

1. I declare that all statements in this application and information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 284.430.
2. At the time of application, I attest that I have the legal right to reside and work in this country (proof required upon employment).
3. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an investigation into any information related to my potential or continued employment with the State and authorize the release of any information, including, but not limited to, any criminal conviction on my record. (Check box below if you do not want your present employer contacted). Moreover, I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

- I request that you do not contact my present employer unless necessary to determine my qualifications for the position.

Signature _____

Date _____

EMPLOYMENT QUESTIONNAIRE

The following information will be used by the Nevada State Department of Personnel 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:

I. 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.)

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

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

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

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

Date of Birth: ____/____/____

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have? (It is not necessary that you describe or identify the disability.)

Yes

No

If "Yes", please describe the type of accommodation required:
