



EMPLOYMENT APPLICATION

The State Gaming Control Board is an Equal Opportunity Employer

INSTRUCTIONS

1. Upon completion, please save this document and email to gcbpers@gcb.nv.gov or mail the application to: State Gaming Control Board, P.O. Box 8003, Carson City, Nevada 89702-8003. If completed by hand, please ensure all information is legible, and use blue or black ink.
2. Do not attach or substitute a résumé in lieu of this application.
3. Failure to complete all sections may result in your application being returned for completion. This may cause considerable delay and may preclude you from exam participation.
4. Your application and all attachments become the property of the Gaming Control Board and cannot be returned. Therefore, original letters such as recommendations or training certificates should not be submitted with your application.

LACK OF REQUESTED INFORMATION IS A BASIS FOR REJECTING AN APPLICATION

Title of position for which applying:

Name: Last First Middle

Current resident address: Number Street (P.O. Box)

City: State: Zip Code:

Current mailing address: Number Street (P.O. Box)

City: State: Zip Code:

Residence Telephone: Business Telephone:

Mobile Telephone: Fax Number:

E-Mail:

Can you, after employment, submit verification of your legal right to work permanently in the United States?

(Proof will be required)

Yes or No

Select or Circle Choice

Criminal Conviction/Traffic Violations: Have you ever been convicted of:

1. A misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)?

Yes or No

Select or Circle Choice

2. A moving traffic violation within the last five years?

Yes or No

Select or Circle Choice

If yes, attach statement giving date(s), time(s), location(s), circumstance(s), and dollar amount 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.

The Gaming Control Board is, in some instances, a 24-hour, 7-day-a-week organization. You may be required to work various hours, days, or shifts, including holidays and weekends. Additionally, extensive travel may be required. Would you be willing to work under these employment conditions?

Yes or No?

Select or Circle Choice

The Gaming Control Board has offices throughout the State. Please mark the following geographic area(s) in which you would be willing to work:

- Carson City Elko Las Vegas Laughlin Reno

EDUCATION

Elementary/High School:

Name of school last attended:

School address:

Number

Street (P.O. Box)

City:

State:

Zip Code:

Select highest grade attended:

1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate?

Yes or No?

Select or Circle Choice

If you did not graduate from high school, do you have a certificate?

Yes or No?

Select or Circle Choice

(If "Yes" complete the following.)

GED or Other

Date Received:

Grade:

Select or Circle Choice

If Other, please specify

License/Certificates:

Drivers License No:

State:

Class:

Expiration Date:

Professional License/Certification/Registration:

College or University: (Please attach a copy of your college transcript.)

Name of School:

School Address:

Number

Street (P.O. Box)

City:

State:

Zip Code:

Date(s) attended: From

Month

Year

To

Month

Year

Did you receive a degree?

Yes or No?
Select or Circle Choice

Degree:

Year:

Semester Credits:

Quarters Completed:

Major:

Minor:

EDUCATION (cont'd)

Graduate School:

Name of School:

School Address:
Number Street (P.O. Box)

City: State: Zip Code:

Date(s) attended: From To
Month Year Month Year

Did you receive a degree? **Yes or No?** Type of Degree: Date:
Select or Circle Choice

Work Taken:

Business, Trade, Technical, or Vocational School:

Name of school last attended:

School address:
Number Street (P.O. Box)

City: State: Zip Code:

Date(s) attended: From To Class hours per day:
Month / Year Month / Year

Completed: **Yes or No?**
Select or Circle Choice

Title of program or classes taken:

Special Training – List relevant courses, seminars or classes including any P.O.S.T. course(s)

Course Title	Presented by	Dates		Hours Completed	Major Emphasis of Course
		From	To		

List professional societies, organizations, memberships and groups that are job related:

List computer hardware and software in which you have experience:

EMPLOYMENT HISTORY

NOTE: Beginning with your most recent employment, please complete the following information. Please provide employment information for the last 10 years. If additional space is needed to list all of your past experience, please use additional paper maintaining the following format.

From:
Month / Year

Current or Last Employer:

To:
Month / Year

Your Title:

Gross Annual Salary:

Start: \$ City: State: Zip Code:

End: \$ Phone: Supervisor:

May we contact your employer? Type of Business:

Yes or No?

Select or Circle Choice

Number of employees you supervised:

Full Time? Part Time?

(40 Hours per Week) (Hours per week)

Duties:

Specific reason for Leaving:

From:
Month / Year

Current or Last Employer:

To:
Month / Year

Your Title:

Gross Annual Salary:

Start: \$ City: State: Zip Code:

End: \$ Phone: Supervisor:

May we contact your employer? Type of Business:

Yes or No?

Select or Circle Choice

Number of employees you supervised:

Full Time? Part Time?

(40 Hours per Week) (Hours per week)

Duties:

Specific reason for Leaving:

EMPLOYMENT HISTORY (cont'd)

From:
Month / Year

Current or Last Employer:

To:
Month / Year

Your Title:

Gross Annual Salary:

Address:

Start: \$ City: State: Zip Code:

End: \$ Phone: Supervisor:

May we contact your employer?

Type of Business:

Yes or No?

Select or Circle Choice

Number of employees you supervised:

Full Time?

Part Time?

(40 Hours per Week)

(Hours per week)

Duties:

Specific reason for Leaving:

From:
Month / Year

Current or Last Employer:

To:
Month / Year

Your Title:

Gross Annual Salary:

Address:

Start: \$ City: State: Zip Code:

End: \$ Phone: Supervisor:

May we contact your employer?

Type of Business:

Yes or No?

Select or Circle Choice

Number of employees you supervised:

Full Time?

Part Time?

(40 Hours per Week)

(Hours per week)

Duties:

Specific reason for Leaving:

EMPLOYMENT HISTORY (cont'd)

From:
Month / Year

Current or Last Employer:

To:
Month / Year

Your Title:

Gross Annual Salary: Address:

Start: \$ City: State: Zip Code:

End: \$ Phone: Supervisor:

May we contact your employer? Type of Business:

Yes or No? Number of employees you supervised:
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(40 Hours per Week) (Hours per week)

Duties:

Specific reason for Leaving:

From:
Month / Year

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May we contact your employer? Type of Business:

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Duties:

Specific reason for Leaving:

SIGNATURE PAGE

If you are appointed to a Gaming Control Board position, it will be your responsibility to familiarize yourself with the restrictions, prohibitions and conditions of employment. Are you willing to proceed in obtaining this information?.....

Yes or No?
Select or Circle Choice

A background investigation will be conducted in order to verify the accuracy and completeness of statements contained on the application and to obtain information relevant to predicting successful performance as a Gaming Control Board employee. Are you willing to accept this as a condition of employment?.....

Yes or No?
Select or Circle Choice

The Gaming Control Board is committed to providing a drug free workplace. A pre-employment drug test will be given prior to comensing employment. Are you willing to accept pre-employment drug testing as a condition of employment?.....

Yes or No?
Select or Circle Choice

I DECLARE MY ANSWERS to the questions on this application are true and correct to the best of my knowledge, and I have not omitted any information. I understand any false statement or omission of information may be cause for forfeiture on my part of all rights to any employment with the Gaming Control Board. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the State and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. 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.

[Signature Line]

Applicant's Signature (Type in name if completing electronically)

[Date Line]

Date



GAMING CONTROL BOARD
EMPLOYMENT QUESTIONNAIRE

Position Applied For:

Division:

- Administration Audit Corporate Securities Enforcement
- Investigations Technology Tax & License

Location:

- Carson Elko Las Vegas Laughlin Reno

The following information will be used by the Gaming Control Board's Personnel Office 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, political affiliation, 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.

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 or No?

Select or Circle Choice

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

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 affiliation or community recognition.)*

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

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 Philippine Islands, and Samoa.)*

Hispanic. *(All persons of Mexican, Puerto Rican, Cuban, Central or South American, 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.)*

Click to Select Group

American Indian or Alaskan Native | Black | Asian/Pacific Islander | Hispanic | White

Please select from the above drop down or circle your ethnic group

- Vietnam Era Veteran Special Disabled Veteran Other Protected Veteran
- Recently Separated Veteran Armed Forces Service Medal Veterans

Please select or circle as many as apply

Date of Birth:	<input style="width: 80%; height: 20px;" type="text"/>
Sex:	Male or Female? <small>Select or Circle Choice</small>