



P.O. Box 1390, Fallon, NV 89407-1390  
(775) 423-7171

### EMPLOYMENT APPLICATION An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

#### EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes  No

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
Business/Technical/Vocational				
College/University (Undergraduate)				
Graduate School				

For positions that require a high school graduation or GED or college degree, a copy of the high school diploma, GED certificate or college diploma may be required.

**LICENSES** (Optional, unless required for the position for which you are now applying – see the job description for details)

List driver's license and other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates. \_\_\_\_\_

List any special skills you possess and/or equipment or office machines you can operate as they relate to the position applying for. Please do NOT write "See Resume".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OTHER INFORMATION**

Have you ever been employed by CC Communications? Yes  No  When? \_\_\_\_\_

Is a relative of yours currently employed by CC Communications? Yes  No  Name: \_\_\_\_\_

Have you ever been disciplined in your employment related to workplace violence? Yes  No  If yes, please explain:  
\_\_\_\_\_

Do you presently use illegal drugs? Yes  No

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**EMPLOYMENT HISTORY**

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other relevant positions in order, working down from the most recent. Use a separate block for each position -- even though with the same organization. List only employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets if necessary. Do **NOT** use notations such as "See Resume" in place of completing this section. Please fill in actual duties performed.

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May we contact all employers listed? Yes  No  (Attach a list of any exceptions with an explanation.)

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Present Employer: \_\_\_\_\_ Present Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30 + hrs./wk.) \_\_\_\_\_ Part-Time (< 30 hrs./wk.) \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued)**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30+hrs./wk.) \_\_\_\_\_ Part-time (<30hrs./wk.) \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30+hrs./wk.) \_\_\_\_\_ Part-time (<30hrs./wk.) \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30+hrs./wk.) \_\_\_\_\_ Part-time (<30hrs./wk.) \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ To (Mo./Yr.): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Full-Time (30+hrs./wk.) \_\_\_\_\_ Part-time (<30hrs./wk.) \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Related Duties:

Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Provide the name, address and telephone number of three references **not** related to you. Two of these should be work related references.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application. Please do NOT write "See Resume".

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**ACKNOWLEDGMENTS**

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read each of the statements. If you have questions, contact the Human Resources Department.

- Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.
  - All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.
  - All new employees of CC Communications will be required to complete a six month introductory period during which CC Communications may terminate my employment at any time with no advance notice and without cause.
  - This application is the property of CC Communications and will become part of my personnel file if I am hired.
  - Laws of Nevada may limit working hours of employees under the age of 18. I certify that I am able to work the shift schedules as required by the position in which I am applying for.
  - Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060 (2) states preference must be given, if qualifications of applicants are equal: a) first, to a honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.
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**Marketing Information**

Please indicate how you heard about this position. Please do not list any individual names. All information given is used to gage marketing methods (i.e. internet, radio, local newspaper, friend, etc.) \_\_\_\_\_

**Authorization**

I authorize CC Communications to contact any organization or individual that I have listed on my employment application and/or resume or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for employment with CC Communications.

In exchange for CC Communications' consideration of my employment application, I authorize anyone possessing this information to furnish it to CC Communications upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including CC Communications, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge. If I am hired by CC Communications, I agree to follow all policies and procedures of CC Communications and submit to a criminal background check.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature must be an original signature (i.e. not faxed, copied, emailed, etc.)

**CRIMINAL HISTORY OF APPLICANT**

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes  No

Have you had criminal charges filed against you within the past six (6) months? Yes  No

**If yes** to either of the above, list all such offenses and provide date, name of court, charges pending, and disposition. You may omit from your answer any record of conviction which has been dismissed, expunged, or sealed. You may also omit any infraction or misdemeanor for which a sentence of imprisonment in a county jail was not imposed. **Omissions of information from your criminal history may be considered cause for disqualification or dismissal.**

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Having a criminal history will not necessarily disqualify you from this job. CC Communications will consider (1) the length of time that has passed since the offense; (2) your age at the time of the offense; (3) the severity and nature of the offense; (4) the relationship to the offense to this job; and (5) evidence of your rehabilitation, prior to a final determination on your qualifications.

I authorize CC Communications to obtain my criminal history from any local, state, or federal agency or other company in the business of compiling background information. I release the individual company or institution and all individuals providing the information or acquiring the information, including CC Communications, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

I certify that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature must be an original signature (i.e. not faxed, copied, emailed, etc.)