



Las Vegas Urban League

2470 NORTH DECATUR, STE. 150 LAS VEGAS, NEVADA 89108
ATTN: HUMAN RESOURCES DEPARTMENT

EMPLOYMENT APPLICATION

Name	Social Security – Last 4 Digits
Title of Position applying for:	
Address	Telephone Number
City/State/Zip	Fax
Previous U.S. Military Service Branch	E-mail
Date Entered: _____ Date Discharged: _____ Entry Rank: _____ Highest Rank Attained _____	U.S. Citizen: ____Yes ____No Permanent Resident Visa _____ Eligible to Work in U.S. ____Yes ____No

Is any additional information relative to change of name, use of an assumed name necessary to enable a check of education or work history? _____

Do you have any relatives currently working for the Las Vegas Urban League? Yes ____ No ____

If Yes, please give names and relationship _____

Las Vegas Urban League ("LVUL") has zero tolerance for sexual abuse and/or molestation of any child and is committed to providing a safe and secure environment for all children, youth, members, guests, and volunteers. Child sexual abuse exploits and degrades children and can cause serious damage to cognitive, social, and emotional development of a child. As a society, we have a collective responsibility to prevent child sexual abuse. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth.

Have you ever been convicted of, or pled guilty or no contest to, any Felony or Misdemeanor? ____Yes ____No

If Yes, please give the date(s) and details _____

EDUCATION

Name and Location of Institution	Attended		Graduated		Degree	Major
	From	To	Yes	No		
High School						
College						
College						
Graduate School						
Other						

List Major areas of Competence _____

EMPLOYMENT HISTORY

List employment beginning with present or most recent

Employer	From	To
Address	First Position	
City/State/Zip	Final Position	
Telephone No.	Starting Salary: \$	Per
Supervisor's Name and Title	Final Salary: \$	Per

Duties _____

Reason for Leaving _____

May we contact your employer? ____Yes ____No

Employer	From	To
Address	First Position	
City/State/Zip	Final Position	
Telephone No.	Starting Salary: \$	Per
Supervisor's Name and Title	Final Salary: \$	Per
Duties		
Reason For Leaving		

Employer	From	To
Address	First Position	
City/State/Zip	Final Position	
Telephone No.	Starting Salary: \$	Per
Supervisor's Name and Title	Final Salary: \$	Per
Duties		
Reason For Leaving		

REFERENCES

Please do not include relatives

Name	Title
Address	Organization
City/State/Zip	Phone Number
Name	Title
Address	Organization
City/State/Zip	Phone Number
Name	Title
Address	Organization
City/State/Zip	Phone Number

Referred by: _____

What is the minimum salary you will accept?	When will you be available to start work?
Will you accept a position anywhere in the United States?	If not, please state geographical preference:

CERTIFICATION –APPLICATION REQUIRES CURRENT DATE AND ORIGINAL SIGNATURE

I hereby certify that all information contained in this application and attachments are true and complete, and I agree and understand that any falsification, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to any and all background checks and drug test as it relates to this application. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize use of information received in making an employment decision on my behalf.

Signature

Date