



6600 North Wingfield Parkway
Sparks, Nevada 89436

EMPLOYMENT APPLICATION
An Equal Opportunity Employer
(Please Print)

DATE: _____

CONTACT INFORMATION:

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

(_____) _____ (_____) _____
(BUSINESS TELEPHONE) (HOME TELEPHONE)

(PRESENT ADDRESS) (CITY, STATE, ZIP)

(PERMANENT ADDRESS – *IF DIFFERENT FROM ABOVE*) (CITY, STATE, ZIP)

EMPLOYMENT DESIRED:

POSITION YOU ARE APPLYING FOR: _____

ARE YOU APPLYING FOR:

- Regular full-time work?..... Yes No
- Regular part-time work?..... Yes No
- Temporary work, e.g., summer or holiday work?..... Yes No

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?: _____

IF APPLYING FOR TEMPORARY WORK, DURING WHAT PERIOD OF TIME WILL YOU BE AVAILABLE?:

ARE YOU AVAILABLE FOR WORK ON WEEKENDS?..... Yes No

WOULD YOU BE AVAILABLE TO WORK OVERTIME, IF NECESSARY?..... Yes No

IF HIRED, ON WHAT DATE CAN YOU START WORK?: _____

SALARY DESIRED: \$ _____

PERSONAL INFORMATION:

HAVE YOU EVER APPLIED TO OR WORKED FOR **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ANY OF ITS AFFILIATED ENTITIES BEFORE?.....Yes No

If yes, when? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ANY OF ITS AFFILIATED ENTITIES?.....Yes No

If yes, state name(s) and relationship: _____

WHY ARE YOU APPLYING FOR WORK AT **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ONE OF ITS AFFILIATED ENTITIES? _____

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?.....
.....Yes No

ARE YOU AT LEAST 18 YEARS OLD?.....Yes No
(If under 18, hire is subject to verification that you are of minimum legal age.)

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?.....Yes No

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?.....
.....Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, as well as skill and agility tests.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)?.....
.....Yes No

(Exclude convictions for marijuana-related offenses that are more than two years old; convictions that have been sealed, expunged, or legally eradicated.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

ARE YOU CURRENTLY EMPLOYED?.....Yes No

If so, may we contact your current employer?.....Yes No

EDUCATION, TRAINING, & EXPERIENCE:

	Name & Address	Years Completed	Graduated? Receive Diploma?
High School	_____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University	_____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational/ Business	_____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Healthcare	_____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

MANY OF OUR CUSTOMERS (CLIENTS) DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE, OR UNDERSTAND ANY FOREIGN LANGUAGES?.....Yes No

If yes, which language(s)? _____

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ANY OF ITS AFFILIATED ENTITIES? IF SO, PLEASE EXPLAIN:

PROFESSIONAL POSITIONS:

(Answer the following questions if you are applying for a professional position.)

ARE YOU LICENSED/CERTIFIED FOR THE JOB APPLIED FOR?.....Yes No

NAME OF LICENSE/CERTIFICATION: _____

ISSUING STATE: _____

LICENSE/CERTIFICATION NUMBER: _____

HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED?.....

.....Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

EMPLOYMENT HISTORY:

(List all present and past employment starting with your most recent employer for your last ten years of employment. Please account for all periods of unemployment. You must complete this section even if attaching a resume.)

NAME OF EMPLOYER: _____

(STREET ADDRESS)

(CITY, STATE, ZIP)

(TYPE OF BUSINESS)

(_____) _____
(TELEPHONE NUMBER)

(DATES OF EMPLOYMENT – STARTING AND ENDING)

(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: _____

YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

NAME OF EMPLOYER: _____

(STREET ADDRESS)

(CITY, STATE, ZIP)

(TYPE OF BUSINESS)

(_____) _____
(TELEPHONE NUMBER)

(DATES OF EMPLOYMENT – STARTING AND ENDING)

(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: _____

YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

NAME OF EMPLOYER: _____

(STREET ADDRESS)

(CITY, STATE, ZIP)

(TYPE OF BUSINESS)

(_____) _____
(TELEPHONE NUMBER)

(DATES OF EMPLOYMENT – STARTING AND ENDING)

(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: _____

YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

NAME OF EMPLOYER: _____

(STREET ADDRESS)

(CITY, STATE, ZIP)

(TYPE OF BUSINESS)

(_____) _____

(TELEPHONE NUMBER)

(DATES OF EMPLOYMENT – STARTING AND ENDING)

(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: _____

YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

MILITARY SERVICE:

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY?..... Yes No

If so, describe:

REFERENCES:

(List three persons not related to you who have knowledge of your work performance within the last three years.)

NAME: _____

(STREET ADDRESS) (CITY, STATE, ZIP)

OCCUPATION: _____

(_____) _____
(TELEPHONE NUMBER) (NUMBER OF YEARS ACQUAINTED)

NAME: _____

(STREET ADDRESS) (CITY, STATE, ZIP)

OCCUPATION: _____

(_____) _____
(TELEPHONE NUMBER) (NUMBER OF YEARS ACQUAINTED)

NAME: _____

(STREET ADDRESS) (CITY, STATE, ZIP)

OCCUPATION: _____

(_____) _____
(TELEPHONE NUMBER) (NUMBER OF YEARS ACQUAINTED)

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

(DATE)

(APPLICANT SIGNATURE)

BACKGROUND INFORMATION ON APPLICANT

YOUR BACKGROUND AND WORK HISTORY WILL BE DISCUSSED WITH YOU DURING YOUR INTERVIEW. PLEASE ANSWER ALL QUESTIONS WITH A **YES** OR **NO** PRIOR TO THE INTERVIEW.

HAVE YOU EVER BEEN:

Placed on probation or terminated for poor job performance?.....Yes No

Disciplined or fired for insubordination?.....Yes No

Disciplined or discharged for violating a safety rule?.....Yes No

Disciplined or terminated for absenteeism, tardiness, failure to notify your company when
absent or any other attendance-related
reason?.....Yes No

Disciplined or fired for fighting, assault or similar offenses?.....Yes No

Convicted of a crime? (*Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated.*).....Yes No

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION DISCOVERED BEFORE OR AFTER I AM EMPLOYED MAY BE CAUSE OF MY BEING DISQUALIFIED OR REMOVED FROM EMPLOYMENT WITH THE COMPANY.

(APPLICANT'S SIGNATURE)

(DATE)

(SOCIAL SECURITY NUMBER)