



STATE OF NEVADA
GAMING CONTROL BOARD

EMPLOYMENT APPLICATION

The State Gaming Control Board is an Equal Opportunity Employer

INSTRUCTIONS

- 1. Upon completion, please send this application to: State Gaming Control Board, P.O. Box 8003, Carson City, Nevada 89702-8003.
2. Please print in black ballpoint pen or type filling in ALL information requested. Do not attach or substitute a resumé in lieu of this application. IF HAND PRINTED, ALL INFORMATION MUST BE LEGIBLE.
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.

FOR OFFICE USE ONLY

Evaluator \_\_\_\_\_

Date \_\_\_\_\_

Accept

Reject

Title of position for which applying \_\_\_\_\_

Name Last First Middle

Current resident address Number Street (P.O. Box) City State Zip

Current mailing address Number Street (P.O. Box) City State Zip

Residence telephone ( ) Business telephone ( )

Mobile No. ( ) Fax No. ( ) E-Mail

Social Security No. / /

Can you, after employment, submit verification of your legal right to work permanently in the United States? (Proof will be required.) Yes No

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

- 1. A misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)? Yes No
2. A moving traffic violation within the last five years? Yes No

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. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

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 No

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

Comments \_\_\_\_\_

**License/Certificates:**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Class \_\_\_\_\_ Expiration date \_\_\_\_\_

Professional License/Certification/Registration:

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

**EDUCATION**

**Elementary/High School:**

Name of school last attended \_\_\_\_\_

School address \_\_\_\_\_  
Number Street City State Zip

Circle highest grade attended: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate?  Yes  No

If you did not graduate from high school, do you have a certificate?  Yes  No  
(If "Yes" complete the following.)

G.E.D.  Other \_\_\_\_\_ Date received \_\_\_\_\_ Grade \_\_\_\_\_

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

Name of school \_\_\_\_\_

School address \_\_\_\_\_  
Number Street City State Zip

Date(s) attended: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Did you receive a degree?  Yes  No Degree \_\_\_\_\_ Year \_\_\_\_\_

Semester credits \_\_\_\_\_ Quarters completed \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

**Graduate School:**

Name of school \_\_\_\_\_

School address \_\_\_\_\_  
Number Street City State Zip

Date(s) attended: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Did you receive a degree?  Yes  No Type of degree received \_\_\_\_\_ Date \_\_\_\_\_

Work taken \_\_\_\_\_

**Business, Trade, Technical, or Vocational School:**

Name of school last attended \_\_\_\_\_

School address \_\_\_\_\_  
Number Street City State Zip

Date(s) attended: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Class hours per day \_\_\_\_\_ Completed:  Yes  No

Title of program or classes taken \_\_\_\_\_

**Special Training:**

*(Courses, seminars or classes including any P.O.S.T. course(s), related to position for which you are applying.)*

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. 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:**

Address \_\_\_\_\_  
Number Street City State Zip

Start: \$ \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

End: \$ \_\_\_\_\_

Type of business \_\_\_\_\_ No. of employees you supervised \_\_\_\_\_

May we contact employer?

Duties \_\_\_\_\_

Yes  No

Full-time  
(40 Hours per week)

Part-time  
(\_\_\_\_ Hours per week)

Specific reason for leaving \_\_\_\_\_

**EMPLOYMENT HISTORY - (Continued)**

From \_\_\_\_\_ / \_\_\_\_\_  
Month Year

To \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Gross Annual Salary:**

Start: \$ \_\_\_\_\_

End: \$ \_\_\_\_\_

Full-time  
(40 Hours per week)

Part-time  
(\_\_\_\_\_ Hours per week)

Employer \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Type of business \_\_\_\_\_ No. of employees  
you supervised \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Specific reason for leaving \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
Month Year

To \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Gross Annual Salary:**

Start: \$ \_\_\_\_\_

End: \$ \_\_\_\_\_

Full-time  
(40 Hours per week)

Part-time  
(\_\_\_\_\_ Hours per week)

Employer \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Type of business \_\_\_\_\_ No. of employees  
you supervised \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Specific reason for leaving \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_  
Month Year

To \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Gross Annual Salary:**

Start: \$ \_\_\_\_\_

End: \$ \_\_\_\_\_

Full-time  
(40 Hours per week)

Part-time  
(\_\_\_\_\_ Hours per week)

Employer \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor \_\_\_\_\_

Type of business \_\_\_\_\_ No. of employees  
you supervised \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Specific reason for leaving \_\_\_\_\_

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  No

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  No

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**GAMING CONTROL BOARD**  
**EMPLOYMENT QUESTIONNAIRE**

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

Division:

- Administration                       Enforcement                       Technology  
 Audit                                       Investigations  
 Corporate Securities                   Tax & License

Location:

- Carson City                       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                       No

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

**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 affiliation 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 Philippine Islands, and Samoa.)*

H. Hispanic. *(All persons of Mexican, Puerto Rican, Cuban, Central or South American, 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: \_\_\_\_\_

Sex:  Male                       Female

**THIS FORM IS TO BE MAINTAINED BY THE GAMING CONTROL BOARD'S PERSONNEL OFFICE AND IS NOT FOR DISTRIBUTION.**