

**STATE OF NEVADA
GAMING CONTROL BOARD**



INTERNSHIP PROGRAM APPLICATION

Area of interest for Internship Program _____

Name _____
Last First Middle

Current home 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 telephone _____ Fax Number _____

Email address _____ Social Security No. _____

Have you ever been convicted of:

1. A moving traffic violation within the last five years? Yes No
2. A misdemeanor, gross misdemeanor or felony in this State or any offense committed in another state which would be a felony if committed in this State (excluding juvenile adjudication)? 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 has offices throughout the State. Please mark the following geographic area(s) in which you would be willing to intern:

Carson City Elko Las Vegas Laughlin Reno

Licenses/Certificates:

Driver's License Number _____ State _____ Expiration date _____

Professional License/Certification/Registration: *(if applicable)*

EDUCATION

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 Type of degree received _____

Major _____ Minor _____

Credits earned _____ Date of graduation *(or anticipated date)* _____

Graduate School: *(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 Type of degree received _____

Credits earned _____ Date of graduation *(or anticipated date)* _____

Business, Trade, Technical, or Vocational School: *(related to internship area)*

Name of school _____

School address _____
Number Street City State Zip

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

Title of program or classes taken:

List professional societies, organizations, memberships and groups, which are related to your internship goals.

List computer hardware and software in which you have experience.

EMPLOYMENT HISTORY

Note: Beginning with your most recent position, please provide employment information for the last five years.

From ____/____
Month Year

Employer _____

Your title _____

To ____/____
Month Year

Address _____
Number Street City State Zip

Phone _____ Supervisor _____

Duties _____

Reason for leaving _____

From _____/_____
Month Year

Employer _____

To _____/_____
Month Year

Your title _____

Address _____
Number Street City State Zip

Phone _____ Supervisor _____

Duties _____

Reason for leaving _____

From _____/_____
Month Year

Employer _____

To _____/_____
Month Year

Your title _____

Address _____
Number Street City State Zip

Phone _____ Supervisor _____

Duties _____

Reason for leaving _____

From _____/_____
Month Year

Employer _____

To _____/_____
Month Year

Your title _____

Address _____
Number Street City State Zip

Phone _____ Supervisor _____

Duties _____

Reason for leaving _____

If you are selected for an intern position with the Gaming Control Board, it will be your responsibility to familiarize yourself with the restrictions, prohibitions and conditions of the internship. 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 intern. Are you willing to accept this as a condition of the internship program?

___ Yes ___ No

I declare the information I provided on this application is 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 rejection or removal from the Gaming Control Board Internship Program.

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, 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 or entity.

I am aware that all work product developed as a result of my participation in the Internship Program is and will remain the property of the Gaming Control Board.

I understand the Gaming Control Board Internship Program is a non-paid position and as a result, I will not receive any salary or other financial benefit from the program. Additionally, I understand there are no present or future employment rights associated with this internship and I choose to voluntarily participate in the Gaming Control Board Internship Program for my sole benefit.

I understand interns serve at the pleasure of the Gaming Control Board and my participation in the Gaming Control Board Internship Program may be terminated at any time.

Applicant's Signature

Date

(Revised 12/9/2005)