



CONVENTION AND VISITORS AUTHORITY

**Mailing Address**

3150 PARADISE ROAD  
LAS VEGAS, NV 89109

**HUMAN RESOURCES DEPARTMENT**

**Physical Address**

3043 JOE W BROWN DRIVE  
LAS VEGAS, NV 89109

# EMPLOYMENT APPLICATION

**APPLICANT INFORMATION** *(Name must match your name as shown on your Social Security card.)*

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_ ALTERNATE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Position applying for:**

*Do not write "open." Applications are only accepted for advertised positions.*

Type of employment desired:     Full-time     On-call     Temporary (e.g., summer/holiday/intern)

**A RESUME MAY BE SUBMITTED WITH A COMPLETED APPLICATION.**

**Your application will not be processed if all questions are not answered. Please print.**

		Yes	No
1.	Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, may we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have relatives employed by the LVCVA?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, name(s) and relationship(s):		
3.	Do you have the right to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you over 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever plead guilty or been convicted of a crime other than a misdemeanor or a summary offense within the last 7 years? If yes, turn to page 2, #5b. (Conviction will not necessarily disqualify you from employment.)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you been dismissed or forced to resign in the course of prior employment? If yes, turn to page 2, #6b.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you possess a valid Nevada driver's license?	<input type="checkbox"/>	<input type="checkbox"/>

**ANSWER THE FOLLOWING ONLY IF YOU ARE APPLYING FOR ON-CALL OR TEMPORARY EMPLOYMENT.**

1.	Are you available to work on weekends?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you available to work overtime, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
3.	If hired, would you have reliable means of transportation to and from work?	<input type="checkbox"/>	<input type="checkbox"/>
4.	If hired, on what date can you start work?		

The LVCVA is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, sexual orientation, marital or veteran status, or the presence of a non-job-related medical condition or disability. Applicant must be able to work without significant threat to oneself or others.

Use this space for explanations from page 1.

**5b. Please explain the nature of the crime and the date on which you plead guilty or were convicted.**

**6b. Please explain dismissal and/or forced resignation.**

**SKILLS**

		No	Yes	
1. Do you type?				Speed: _____
2. Computer experience?				<input type="checkbox"/> Mac <input type="checkbox"/> PC <input type="checkbox"/> Other _____
3. Do you speak, read, or write any foreign language(s)?				If yes, please list below.
<input type="checkbox"/> Speak	<input type="checkbox"/> Read			<input type="checkbox"/> Write
4. Software experience?	<input type="checkbox"/> Access <input type="checkbox"/> Crystal <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> WordPerfect <input type="checkbox"/> Other _____			

Use space below to list any other experience, training, qualifications, or skills that you believe makes you especially suited for work at the LVCVA.

**EDUCATION, TRAINING, AND EXPERIENCE**

School	Name & Address	Years Completed	Did You Graduate?	Type Degree & Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MILITARY SERVICE**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:	
Honorable discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Rank:

**REFERENCES**

List three persons (other than relative) whom you have known for three years or more.

Name	Phone	Address	Yrs Known

**OTHER NAMES**

List any other names you have been known by (school, maiden/married, military, employment, etc.)

Name	Dates Used	Reason

## EMPLOYMENT HISTORY

List all previous employers, starting with your present or most recent position, going back 10 years; account for all gaps in employment. You **must** complete this section even if attaching a resume.

Employer: _____	DATES EMPLOYED	
Position Title: _____	FROM: _____	TO: _____
Duties: (May be omitted if listed on resume.) _____		
Address: _____		
City, State, Zip _____		
Reason for leaving? _____	SALARY: \$ _____	

Employer: _____	DATES EMPLOYED	
Position Title: _____	FROM: _____	TO: _____
Duties: (May be omitted if listed on resume.) _____		
Address: _____		
City, State, Zip _____		
Reason for Leaving? _____		

Employer: _____	DATES EMPLOYED	
Position Title: _____	FROM: _____	TO: _____
Duties: (May be omitted if listed on resume.) _____		
Address: _____		
City, State, Zip _____		
Reason for Leaving? _____		

Employer: _____	DATES EMPLOYED	
Position Title: _____	FROM: _____	TO: _____
Duties: (May be omitted if listed on resume.) _____		
Address: _____		
City, State, Zip _____		
Reason for Leaving? _____		

Employer: _____	DATES EMPLOYED	
Position Title: _____	FROM: _____	TO: _____
Duties: (May be omitted if listed on resume.) _____		
Address: _____		
City, State, Zip _____		
Reason for Leaving? _____		

**APPLICANT'S STATEMENT (Please read carefully.)**

*My signature below indicates agreement to each item.*

- 1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge.
- 2. I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and medical exam.
- 3. I understand that any omission or misstatement on this application or on any documents 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.
- 4. I further certify that I, the undersigned applicant, have personally completed this application.

**Las Vegas Convention and Visitors Authority  
RELEASE OF INFORMATION**

The Nevada Criminal History Act (effective July 1, 1979) provides that an agency of criminal justice must provide to a prospective employer, upon request, records of criminal history concerning a prospective employee which reflect:

- 1. Convictions or pertain to incident for which the prospective employee is currently within the system, including parole and probation; and
- 2. With written consent of the prospective employee to the agency to provide all conviction and non-conviction data.

This release, therefore, allows both conviction and non-conviction data to be released to the prospective employer listed below.

Having made application with the Las Vegas Convention and Visitors Authority (LVCVA) for employment, I authorize release of any record of criminal history pertaining to me. I hereby release the State of Nevada, Nevada Highway Patrol, and its employees, the Sheriff of Clark County, Las Vegas Metropolitan Police Department, and its employees from any damage or liability in furnishing said criminal history record to the LVCVA.

As a condition of employment with the LVCVA, I authorize the LVCVA or its agents to conduct the following background checks, which may be run at any time during the course of employment with the LVCVA:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Criminal Check               | <input checked="" type="checkbox"/> Education Verification  |
| <input checked="" type="checkbox"/> Pre-Employment Credit Check  | <input checked="" type="checkbox"/> Employment Verification |
| <input checked="" type="checkbox"/> Social Security Verification | <input checked="" type="checkbox"/> Credit Check            |

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*Applicant's Signature*

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*Date*