



P.O. Box 8970 • Reno, NV 89507

EMPLOYMENT APPLICATION

The National Council of Juvenile and Family Court Judges (NCJFCJ) is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment on the basis of actual or perceived race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors. Employment with NCJFCJ shall be considered solely on the organization's requirements and the individual's qualifications.

PERSONAL INFORMATION

Date of Application _____

Name (Last/First/Middle) _____

Street Address _____

City/State/Zip _____

Daytime Phone _____ Cell Phone _____

Email _____

Can you provide proof of eligibility to
work in the United States? Yes ☐ No ☐

Are you willing to relocate? Yes ☐ No ☐

POSITION INFORMATION

Position Applied For _____

Available Start Date _____ Salary Required _____

EMPLOYMENT HISTORY

Please provide employment history for the last seven years.

Current Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

APPLICANT NAME _____

EMPLOYMENT HISTORY (*Continued*)

Previous Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

Previous Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

Previous Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

APPLICANT NAME _____

EMPLOYMENT HISTORY (*Continued*)

Previous Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

Previous Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

Previous Employer _____

Address/City/State/Zip _____

Telephone _____ Website (if any) _____

Supervisor _____ Supervisor's Title _____

Position Title _____

Start Date _____ End Date _____

Reason for Leaving _____

May we contact this employer? Yes ☐ No ☐

APPLICANT NAME _____

EDUCATION

NAME & LOCATION OF SCHOOL Please list all schools attended. (Do not include primary education.)		NO. YEARS COMPLET ED	MAJOR/MINOR OR GENRE OF COURSES	TYPE OF DEGREE EARNED	COMMENTS
HIGH SCHOOL					
UNDERGRAD SCHOOL					
UNDERGRAD SCHOOL					
GRADUATE SCHOOL					
GRADUATE SCHOOL					
TRADE SCHOOL					
OTHER (CORRESPONDENCE COURSES, SEMINARS, WORKSHOPS):					

GENERAL

Are you willing to travel as required? Yes* ☐ No ☐ *Indicate percentage of time _____ %

Have you previously worked for NCJFCJ? Yes* ☐ No ☐ *When and name (if different) _____

Have you ever been discharged or asked to resign? Yes* ☐ No ☐

*Please explain _____

If an offer of employment is made, you may be required to undergo background and reference checks, the results of which may impact an offer of employment. Are you willing to undergo such an examination?

Yes ☐ No ☐

What prompted your application for this position? _____

Where did you learn about this position? _____ *Other/Referral _____

AFFIDAVIT – PLEASE READ CAREFULLY

To the best of my knowledge, I have truthfully disclosed all information asked for in this application. Any applicant will be immediately rejected for employment or, if hired, terminated without notice for giving false information in this application or for failing to accurately provide information requested. If hired, employment is for no fixed term and the organization or employee can terminate employment at any time.

I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

I authorize all of those with whom I am acquainted – previous employers, professionals, institutions, neighbors, friends, agencies asked to provide criminal conviction history, and others – to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

Since all employees are hired for an unspecified duration, employment is not guaranteed for any specific length of time. Employment is at the mutual consent of the employee and the organization. Accordingly, either the employee or the organization can terminate the employment relationship at will, at any time, with or without cause or advance notice. Furthermore, no employee or representative of the organization, other than the Chief Executive Officer (CEO), has any power or legal authority to alter the at-will nature of the employment relationship. Only the CEO can alter the nature of the relationship via a written agreement that is signed by both the CEO and the employee involved.

APPLICANT'S SIGNATURE _____ DATE _____
(Typing in your full name will act as your legal signature.)

APPLICANT NAME _____

PROFESSIONAL REFERENCES (THREE REQUIRED)

1. Name: _____
 Title: _____
 Business: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

2. Name: _____
 Title: _____
 Business: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

3. Name: _____
 Title: _____
 Business: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

NAME _____

EEOC/AFFIRMATIVE ACTION – INVITATION TO SELF IDENTIFY

NCJFCJ invites employees and applicants to voluntarily self-identify their gender, race, and ethnicity. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT OR EXISTING EMPLOYMENT RELATIONSHIP. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Gender

☐ Female ☐ Male

Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ Yes ☐ No

Race

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

☐ **I do not wish to self-identify.**

POSITION _____ DATE _____

INVITATION TO VOLUNTARILY SELF-IDENTIFY VETERAN STATUS

The National Council of Juvenile and Family Court Judges (NCJFCJ) is committed to equal opportunity and affirmative action in all aspects of employment for qualified protected veterans. Please consider completing this Invitation to Voluntarily Self-Identify Veteran Status to help us take affirmative action to employ and advance in employment protected veterans.

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. **Submission of this information is voluntary** on your part and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in a manner consistent with Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA).

Protected Veteran classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense, (Period of War Dates: Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current).
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Self-Identification: Are you a protected veteran?

☐ I am a protected veteran ☐ I am NOT a protected veteran ☐ I choose not to identify

Reasonable Accommodation Notice: If you are a disabled veteran and require a reasonable accommodation that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations, please contact the NCJFCJ Human Resources Office at (775) 507-4777 or hr@ncjfcj.org

NAME _____

VOLUNTARY INVITATION TO SELF IDENTIFY OF DISABILITY

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- | | | | |
|-------------|----------------------|--|--|
| • Blindness | • Autism | • Bipolar disorder | • Post-traumatic stress disorder (PTSD) |
| • Deafness | • Cerebral palsy | • Major depression | • Obsessive compulsive disorder |
| • Cancer | • HIV/AIDS | • Multiple sclerosis (MS) | • Impairments requiring the use of a wheelchair |
| • Diabetes | • Schizophrenia | • Missing limbs or partially missing limbs | • Intellectual disability (previously called mental retardation) |
| • Epilepsy | • Muscular dystrophy | | |

Please check one of the boxes below:

☐

YES, I HAVE A DISABILITY (or previously had a disability)

☐

NO, I DON'T HAVE A DISABILITY

☐

I DON'T WISH TO ANSWER

NAME _____ DATE _____

Reasonable Accommodation Notice:

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended.