



PO Box 784
Minden • Nevada • 89423

775-267-6711

www.AustinsHouseNV.org

EMPLOYEE APPLICATION

Austin's House is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression. This application must be completed by all potential employees, interns, and volunteers.

PERSONAL INFORMATION

NAME (FIRST/MIDDLE/LAST)

CELL PHONE

HOME PHONE

EMAIL ADDRESS

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?

☐ YES

☐ NO

ARE YOU 21 YEARS OF AGE OR OLDER?

☐ YES

☐ NO

AVAILABILITY

AUSTIN'S HOUSE IS A 24-HOUR FACILITY. PLEASE NOTE THE HOURS YOU ARE AVAILABLE TO WORK.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

WHEN ARE YOU AVAILABLE TO START?

EDUCATION

EDUCATION	NAME & ADDRESS OF SCHOOL	DID YOU GRADUATE?	LIST TYPE OF DIPLOMA/DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER (SPECIFY)			

TRANSPORTATION

DO YOU HAVE A VALID NEVADA DRIVER'S LICENSE? ☐ YES ☐ NO

DRIVER'S LICENSE #	STATE OF ISSUE	EXPIRATION
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HAVE YOU HAD ANY ACCIDENTS IN THE LAST 3 YEARS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

IS YOUR LICENSE UNDER SUSPENSION FOR ANY REASON? ☐ YES ☐ NO IF YES PLEASE EXPLAIN:

WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE STARTING WITH THE MOST RECENT JOB HELD. ATTACH ADDITIONAL SHEETS IF NECESSARY.

JOB TITLE	NAME OF EMPLOYER
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ADDRESS

NAME AND TITLE OF SUPERVISOR

PHONE NUMBER	EMPLOYMENT DATES
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REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

JOB TITLE	NAME OF EMPLOYER
ADDRESS	
NAME AND TITLE OF SUPERVISOR	
PHONE NUMBER	EMPLOYMENT DATES
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

JOB TITLE	NAME OF EMPLOYER
ADDRESS	
NAME AND TITLE OF SUPERVISOR	
PHONE NUMBER	EMPLOYMENT DATES
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

JOB TITLE	NAME OF EMPLOYER
ADDRESS	
NAME AND TITLE OF SUPERVISOR	
PHONE NUMBER	EMPLOYMENT DATES
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST ANY WORK-RELATED CERTIFICATIONS OR LICENSES YOU CURRENTLY POSSESS (E.G. CERTIFICATION IN MEDICATION ADMINISTRATION, CRISIS INTERVENTION, ETC.)
WHY DO YOU CONSIDER YOURSELF A GOOD ADDITION TO AUSTIN'S HOUSE?

DESCRIBE YOUR GENERAL EXPERIENCE WORKING WITH CHILDREN. ALSO INCLUDE ANY EXPERIENCE WORKING WITH CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES OR CHILDREN WHO HAVE EXPERIENCED TRAUMA:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN THE CRIME IN FULL AND EXPLANATION OF THE FINAL OUTCOME. (*CRIMINAL BACKGROUND CHECKS ARE CONDUCTED AS A CONDITION OF EMPLOYMENT*)

HAVE YOU EVER WORKED FOR AN AGENCY, EITHER WITHIN OR OUTSIDE, OF THE STATE OF NEVADA THAT SERVES A VULNERABLE POPULATION (E.G. CHILDREN, SENIORS, OR DEVELOPMENTALLY DISABLED)?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN ACCUSED, EITHER PERSONALLY OR PROFESSIONALLY, IN AN ABUSE, NEGLECT, OR EXPLOITATION COMPLAINT AND/OR INVESTIGATION? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE AUSTIN'S HOUSE TO CONTACT REFERENCES LISTED ON THIS APPLICATION. I UNDERSTAND THAT, AS AN EMPLOYEE OF AUSTIN'S HOUSE, I WILL BE REQUIRED TO UNDERGO MANDATORY TRAINING, PRE-EMPLOYMENT DRUG TESTING AND STATE AND FEDERAL BACKGROUND CHECKS (INCLUDING FINGERPRINTING).

PRINT NAME

SIGNATURE

DATE

Please email completed application to info@austinshousenv.org