



6600 N. Wingfield Parkway • Sparks, NV 89436  
Tel.: (775) 626-6000 • Fax: (775) 626-8654

**Referred to this job by:**  
\_\_\_ No one; found it on my own  
\_\_\_ Indeed/Craig's List  
\_\_\_ Current employee named:  
\_\_\_\_\_

**EMPLOYMENT APPLICATION**  
**An Equal Opportunity Employer**  
**(Please Print)**

DATE: \_\_\_\_\_

**CONTACT INFORMATION:**

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(BUSINESS TELEPHONE) (HOME TELEPHONE)

\_\_\_\_\_  
(PRESENT ADDRESS) (CITY, STATE, ZIP)

\_\_\_\_\_  
(PERMANENT ADDRESS – IF DIFFERENT FROM ABOVE) (CITY, STATE, ZIP)

**EMPLOYMENT DESIRED:**

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

ARE YOU APPLYING FOR:

- Regular full-time work?.....Yes  No
- Regular part-time work?.....Yes  No
- Temporary work, e.g., summer or holiday work?.....Yes  No

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?: \_\_\_\_\_

IF APPLYING FOR TEMPORARY WORK, DURING WHAT PERIOD OF TIME WILL YOU BE AVAILABLE?:  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU AVAILABLE FOR WORK ON WEEKENDS?.....Yes  No

WOULD YOU BE AVAILABLE TO WORK OVERTIME, IF NECESSARY?.....Yes  No

IF HIRED, ON WHAT DATE CAN YOU START WORK?: \_\_\_\_\_

SALARY DESIRED: \$ \_\_\_\_\_

**PERSONAL INFORMATION:**

HAVE YOU EVER APPLIED TO OR WORKED FOR **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ANY OF ITS AFFILIATED ENTITIES BEFORE?.....Yes  No

If yes, when? \_\_\_\_\_

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ANY OF ITS AFFILIATED ENTITIES?.....Yes  No

If yes, state name(s) and relationship: \_\_\_\_\_

WHY ARE YOU APPLYING FOR WORK AT **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ONE OF ITS AFFILIATED ENTITIES? \_\_\_\_\_

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?.....Yes  No

ARE YOU AT LEAST 18 YEARS OLD?.....Yes  No   
*(If under 18, hire is subject to verification that you are of minimum legal age.)*

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?.....Yes  No

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?.....Yes  No

If no, describe the functions that cannot be performed:  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, as well as skill and agility tests.)*

**WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** HAS CORE VALUES, INCLUDING INTEGRITY, HONESTY, COMPASSION, FAIRNESS, AND RESPECT FOR OTHERS. IT ALSO MAINTAINS A ROBUST ETHICS POLICY. PLEASE READ THE ETHICS POLICY. DO YOU FEEL YOU WILL BE ABLE TO COMPLY WITH THIS ETHICS POLICY?.....Yes  No

Do you consider yourself to be an honest and ethical person?.....Yes  No

If hired, would you have any problem or limitation in fully complying with the above-referenced Ethics Policy, which requires, among other things, that employees conduct their job duties in accordance with the Core Values of integrity, honesty, compassion, fairness, and respect for others?.....Yes  No

ARE YOU CURRENTLY EMPLOYED?.....Yes  No

If so, may we contact your current employer?.....Yes  No

**EDUCATION, TRAINING, & EXPERIENCE:**

	<b>Name &amp; Address</b>	<b>Years Completed</b>	<b>Graduated? Receive Diploma?</b>
High School	_____ _____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University	_____ _____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational/ Business	_____ _____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Healthcare	_____ _____ _____ _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

MANY OF OUR CUSTOMERS (CLIENTS) DO NOT SPEAK ENGLISH.

DO YOU SPEAK, WRITE, OR UNDERSTAND ANY FOREIGN LANGUAGES?.....Yes  No

If yes, which language(s)? \_\_\_\_\_

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT **WINGFIELD NEVADA GROUP HOLDING COMPANY, LLC** OR ANY OF ITS AFFILIATED ENTITIES? IF SO, PLEASE EXPLAIN:

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

**PROFESSIONAL POSITIONS:**

*(Answer the following questions if you are applying for a professional position.)*

ARE YOU LICENSED/CERTIFIED FOR THE JOB APPLIED FOR?.....Yes  No

NAME OF LICENSE/CERTIFICATION: \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_

LICENSE/CERTIFICATION NUMBER: \_\_\_\_\_

HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED?.....Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

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

**EMPLOYMENT HISTORY:**

*(List all present and past employment starting with your most recent employer for your last ten years of employment. Please account for all periods of unemployment. You must complete this section even if attaching a resume.)*

**NAME OF EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TYPE OF BUSINESS)

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(DATES OF EMPLOYMENT – STARTING AND ENDING)

\_\_\_\_\_  
(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: \_\_\_\_\_

YOUR POSITION AND DUTIES:

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

REASON FOR LEAVING:

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

**NAME OF EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TYPE OF BUSINESS)

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(DATES OF EMPLOYMENT – STARTING AND ENDING)

\_\_\_\_\_  
(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: \_\_\_\_\_

YOUR POSITION AND DUTIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TYPE OF BUSINESS)

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(DATES OF EMPLOYMENT – STARTING AND ENDING)

\_\_\_\_\_  
(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: \_\_\_\_\_

YOUR POSITION AND DUTIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(TYPE OF BUSINESS)

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(DATES OF EMPLOYMENT – STARTING AND ENDING)

\_\_\_\_\_  
(WEEKLY PAY – STARTING AND ENDING)

NAME OF SUPERVISOR: \_\_\_\_\_

YOUR POSITION AND DUTIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE:**

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY?.....Yes  No

If so, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

*(List three persons not related to you who have knowledge of your work performance within the last three years.)*

NAME: \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS) (CITY, STATE, ZIP)

OCCUPATION: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER) (NUMBER OF YEARS ACQUAINTED)

NAME: \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS) (CITY, STATE, ZIP)

OCCUPATION: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER) (NUMBER OF YEARS ACQUAINTED)

NAME: \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS) (CITY, STATE, ZIP)

OCCUPATION: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
(TELEPHONE NUMBER) (NUMBER OF YEARS ACQUAINTED)

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document 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.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ I hereby certify that, if I am offered and accept a job with the company, I will commit to fully complying with the company's Ethic's Policy, which requires, among other things, that I conduct my job duties in accordance with the company's Core Values of integrity, honesty, compassion, fairness, and respect for others.

\_\_\_\_\_

(DATE)

(APPLICANT SIGNATURE)



**BACKGROUND INFORMATION ON APPLICANT**

YOUR BACKGROUND AND WORK HISTORY WILL BE DISCUSSED WITH YOU DURING YOUR INTERVIEW. PLEASE ANSWER ALL QUESTIONS WITH A **YES** OR **NO** PRIOR TO THE INTERVIEW.

**HAVE YOU EVER BEEN:**

Placed on probation or terminated for poor job performance?.....Yes  No

Disciplined or fired for insubordination?.....Yes  No

Disciplined or discharged for violating a safety rule?.....Yes  No

Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent or any other attendance-related reason?.....Yes  No

Disciplined or terminated for issues involving an allegation (whether proven or not) that you failed to act honestly or ethically in connection with your job?.....Yes  No

Disciplined or fired for fighting, assault or similar offenses?.....Yes  No

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION DISCOVERED BEFORE OR AFTER I AM EMPLOYED MAY BE CAUSE OF MY BEING DISQUALIFIED OR REMOVED FROM EMPLOYMENT WITH THE COMPANY.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)