



Nevada State Board of Dental Examiners

Employment Application

Deputy General Counsel Position – Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: **Full-time Deputy General Counsel**

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

Undergraduate
College/University:

Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Law
School/College:

Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other:

Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Law License

Please list all states where you have been issued a law license and license information:

State: _____ License
Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

State: _____ License
Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

State: _____ License
Number: _____

Issue Date: _____ License Status (Active, Inactive, etc.): _____ Is the license in good standing: Yes or No

Employment History

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____