



Nevada State Board of Dental Examiners

Employment Application

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 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: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
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: _____