

Clark County Office of the Coroner/Medical Examiner

Application for Reserve Academy

Clark County Office of the Coroner/Medical Examiner

Attn: Reserve Coordinator

1704 Pinto Lane, Las Vegas, NV 89106

Phone: 702-455-3210 Fax: 702-455-3101

www.co.clark.nv.us/CORONER/unid.htm

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

This application is part of the examination process. The entire application must be complete to be considered. Incomplete applications or applications which are missing required documents will not be considered.

1. You must turn in a new application for each reserve academy program you want to apply for.
2. Print (black or blue ink), or type your information onto the application. If those reviewing your application can't read your writing, you may not get credit for your experience.
3. The Coroner's Office Reserve Academy admission staff decides whether or not you meet the minimum qualifications for the job based on your experience as you describe it on your application.
4. **Don't substitute a resume for your application, or write, "see attached resume" on your application.** We welcome resumes as supplemental information for consideration.
5. Describe each job you list in detail. Those reading your application may not understand what you've done in other jobs unless you explain exactly what your duties were.
6. Don't forget to complete the Supplemental Questions.
7. Your application and any other paperwork, certificates, etc., you chose to submit are due into the Clark County Office of the Coroner/Medical Examiner by 4:00 p.m. on the closing date listed on the web site's Coroner Reserve Investigator Program announcement. The application being submitted must be postmarked by the closing date listed on the web site.
8. We can't make copies of this application or any other documents you submit. You need to make copies before you turn in your application packet.

CLARK COUNTY CORONER RESERVE APPLICATION

TITLE OF POSITION: Coroner Reserve Investigator		Comments: Rej Date Appr Date For Reserve Academy Use	
NAME: LAST FIRST MI			
OTHER NAMES USED:			
MAILING ADDRESS: APT. #			
CITY: STATE: ZIP CODE:			
HOME PHONE#: WORK OR OTHER PHONE#: E-MAIL ADDRESS:			
<p>Participation in the Reserve Academy may not lead to temporary or permanent employment.</p> <p>If employment opportunities become available, please MARK ALL OF THE WORKING CONDITIONS YOU WILL ACCEPT:</p> <p style="margin-left: 20px;">Part-Time Temporary Permanent Nights Stand-by Weekends</p>		<p style="text-align: center;">ARE YOU NOW EMPLOYED BY THE COUNTY? YES NO</p> <p>IF "YES", COMPLETE THE FOLLOWING: STATUS: _____ PERMANENT PART TIME TEMPORARY</p> <p>CLASSIFICATION TITLE: _____ DEPARTMENT: _____ DIVISION: _____</p>	
<p>DO YOU HAVE RELATIVES WORKING FOR THE COUNTY? YES NO</p> <p>IF "YES", COMPLETE THE FOLLOWING: Name: _____ Department: _____</p>		<p>I AM AN HONORABLY DISCHARGED VETERAN: YES NO</p> <p>If "yes", you must submit a copy of your DD-214 that states your discharge was "honorable" with this application.</p>	
EDUCATION:			
High School (name/city/state):	Graduated: Yes No	GED: Yes No	Certificate of Attendance: Yes No
Junior College (name/city/state)	Graduated: Yes No	# Credits Completed:	Major:
College/University (name/city/state)	Yes No	# Credits Completed:	Major/Minor:
College/University (name/city/state)	Graduated: Yes No	# Credits Completed:	Major/Minor:
Trade/Vocational (name/city/state)	Certificate Received: Yes No	Date Received:	Area of Study:

CLARK COUNTY CORONER RESERVE APPLICATION

Job Title: Coroner Reserve Investigator

Experience: Starting with your most recent job, list all your work/volunteer experience that qualifies you for the job you are applying for. The Coroner's Office Reserve Academy admission staff will determine whether or not you meet the minimum qualifications for the job based on your experience as you describe it on your application.

Do not substitute a resume, or write, "see attached resume" for this application, as information on your resume will not be considered.

You may make as many copies of this page as you need to list your additional experience.

May we contact your present employer(s)?	Yes No
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From (Mo/Yr)	To (Mo/Yr)	Employer: 1
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 2
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 3
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 4
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 5
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

CLARK COUNTY CORONER RESERVE APPLICATION

SUPPLEMENTAL QUESTIONS

1. Why do you think you are a good candidate for this program?

2. What is your long-term goal if you are chosen for this program?

3. What do you think core responsibilities are of a Coroner Investigator?

IF YOU HAVE MORE JOBS TO LIST, PLEASE DESCRIBE THEM ON ADDITIONAL SHEETS OF PAPER AND STAPLE THEM TO THIS APPLICATION.

I verify by my signature below that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or incomplete information may be cause for rejection of my application or discharge from the reserve academy. I understand that the Clark County may make inquiries of my previous employers to verify experience. I understand that prior to enrollment to the reserve academy program, I must show proof of citizenship or legal right to work in the U.S. I understand I must submit a felony conviction record form at time of application. I further understand that a conviction does not automatically bar me from academy admission. I understand that I must successfully pass a criminal background check when required. My signature below authorizes Clark County to conduct a background check on all education and experience listed on this application.

SIGNED: _____ **DATE:** _____

PRINT NAME: _____