



Nye County
Emergency Management
1510 Siri Lane, Ste. 1
Pahrump, NV 89060
Phone (775) 751-4279
Fax (775) 751-4280

VOLUNTEER PACKET CHECK OFF LIST:

1. VOLUNTEER APPLICATION (4 pages)
page 1. Application. p2. Volunteer & Work history.
p3. Acknowledgements. p4. Substance Abuse Policy Release Form.
2. VOLUNTEER FORM
3. W-4
4. PAYROLL AUTOMATIC DEPOSIT FORM
5. COPY OF DRIVER'S LICENSE.
6. COPY OF SOCIAL SECURITY CARD
7. VACCINATION AUTHORIZATION FORM FILLED OUT:
(This authorization form HAS to be signed by the Director of Emergency Management in order for the volunteer to use it to get his/her Hepatitis Vaccinations)
OR
8. PROOF OF HEP A/ B VACCINATION
OR VACCINATION DECLINATION FORM
9. COPY OF FEMA CERTIFICATES
100
200
700
800
10. COPY OF CURRENT LICENSES AND CERTIFICATES (SUCH AS:)
*Ambulance Attendant License – *****mandatory for Ambulance**
*Current First Responder/EMT Certification-*****mandatory for Ambulance**
*CPR cards
*Teaching certificates
*Firefighter certificates
*Hazmat certificates
11. Computer use/social media- agreements

Nye County Volunteer Application

An Equal Opportunity Employer

Submit application to:

Nye County Human Resources
PO Box 3400 (*mailing*)
101 Radar Road (*physical*)
Tonopah, NV 89049
or
1981 E. Calvada Blvd. #120
Pahrump, NV 89048



HR Use only:

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Volunteer Position Desired:

Department:

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Email address: _____

Telephone(s) Home () _____ Cell () _____ Work () _____

Are you 16 years of age or older?.....☐ Yes ☐ No

Are you 18 years of age or older?.....☐ Yes ☐ No

Are you currently employed by **Nye County**?☐ Yes ☐ No

Have you been given a description or had the requirements of the volunteer work explained to you?.....☐ Yes ☐ No

Do you understand the job requirements?☐ Yes ☐ No

Can you perform the requirements with or without reasonable accommodation?.....☐ Yes ☐ No

List other names, if any, you have used. _____

EDUCATION RECORD

***Copies may be required**

Did you graduate from high school or receive a GED certificate? ☐ Yes ☐ No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				
Graduate School				

Days Available (Circle)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
-------------------------	-----	------	-----	-------	-----	-----	-----

History of Volunteer Activities and Work Experience:

Provide information regarding paid and volunteer work (include military employment if duties/assignments relate to the volunteer position you are applying for). Describe your most recent experience first; then list other relevant positions in chronological order, working down from the most recent. Use additional sheets if necessary.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.) ☐ Yes ☐ No

Present Employer	_____	Present Position	_____
Address	_____	From (Mo/Yr)	_____ To (Mo/Yr) _____
City	_____	<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
State	_____ Zip Code	_____	Hours per week _____
Supervisor's Name/Title	_____	Telephone	() _____
Related Duties: _____			

Reason for Leaving: _____

Employer	_____	Position	_____
Address	_____	From (Mo/Yr)	_____ To (Mo/Yr) _____
City	_____	<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
State	_____ Zip Code	_____	Hours per week _____
Supervisor's Name/Title	_____	Telephone	() _____
Related Duties: _____			

Reason for Leaving: _____

Employer	_____	Position	_____
Address	_____	From (Mo/Yr)	_____ To (Mo/Yr) _____
City	_____	<input type="checkbox"/> Paid	<input type="checkbox"/> Volunteer
State	_____ Zip Code	_____	Hours per week _____
Supervisor's Name/Title	_____	Telephone	() _____
Related Duties: _____			

Reason for Leaving: _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ ☐ Paid ☐ Volunteer
State _____ Zip Code _____ Hours per week _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties: _____

Reason for Leaving: _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ ☐ Paid ☐ Volunteer
State _____ Zip Code _____ Hours per week _____
Supervisor's Name/Title _____ Telephone () _____
Related Duties: _____

Reason for Leaving: _____

Please state below any other information that would be helpful in determining your qualifications for the volunteer activities. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application. Use additional sheets if necessary.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Nye County Human Resources.

- _____ This is not an application for a paid position. Application for paid positions must be made on a separate application form.
- _____ I authorize **NYE COUNTY** to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with **NYE COUNTY**. In addition, I authorize **NYE COUNTY** to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize **NYE COUNTY** to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize **NYE COUNTY** to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.
- _____ In exchange for **NYE COUNTY'S** consideration of my volunteer application, I authorize anyone possessing information to furnish it to **NYE COUNTY** upon request, and I release the organizations and all individuals providing the information or acquiring the information, including **NYE COUNTY**, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.
- _____ I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from **NYE COUNTY**. I recognize that I will not receive nor do I expect compensation for the services I am offering, other than possible nominal fees, paid expenses, or reasonable benefits which may be provided to me at the sole discretion of **NYE COUNTY** for preparation for employment with **NYE COUNTY**.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

Signature of Applicant _____

Date _____

**Nye County Human Resources / Risk Management
Substance Abuse Policy Release Form**

Nye County Personnel Policy Manual

- The applicant will be advised that the presence of one or more drugs may be cause for rejection from further consideration and that appointment to a position is contingent upon a negative drug test result.
- The applicant will be asked to authorize the County to conduct the drug screen through the County's designated laboratory testing facility as a requirement of employment.
- Refusal to authorize and participate in a drug screen shall eliminate the applicant from further consideration for the position.
- Applicants shall be directed to appear at an appropriate collection facility. The drug test must be undertaken as soon after notification as possible, and no later than 48 hours after notice to the applicant.
- Applicants shall be advised of the opportunity to submit medical documentation that may support a legitimate use for a specific drug and that such information will be reviewed only by medical consultants to determine whether the individual is lawfully using an otherwise illegal drug.
- The County will decline to extend a final offer to any applicant with a confirmed positive test result, and such applicant may not reapply to the County for a period of twelve months. The County shall inform such applicant that a confirmed presence of an illegal drug in the applicant's urine precludes the County from utilizing the applicant.

I have been informed that, as a condition of any offer of any volunteer position or as a condition of my continued volunteer work, I must submit to urine, hair and/or blood drug-screening test and I accept this condition. I agree that a drug testing facility of **NYE COUNTY'S** choice is authorized by me to provide the results of said test(s) to **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**. I agree to indemnify and hold the drug testing facility harmless from and against any and all liabilities or judgments arising out any claim related to (i) the employer's submission and handling of the test(s) samples, (ii) compliance by employer with federal and state law, or (iii) the employer's interpretation, use (including volunteer decision) and confidentiality to the test results; except where the drug testing facility is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, **NYE COUNTY** may not accept me and as a volunteer and I may be dismissed by **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**.

DATE

APPLICANT / VOLUNTEER

NYE COUNTY VOLUNTEER FORM

HR USE ONLY
Volunteer ID#:

SECTION I (To be completed by Volunteer)

New Volunteer Information

Name: _____
Last First M.I. Social Security Number

Mailing Address Street and Number City/State Zip Telephone # Yes/No
Confidential

Gender ☐ M ☐ F Date of Birth: _____ Marital Status: ☐ Single ☐ Married / Spouse's Name: _____
(If under 18 years of age, copy of Birth Certificate required)

Email Address: _____

Licenses: Driver's License #: _____ Commercial Drivers License #: _____

In case of emergency, notify: _____
Name Telephone # Relationship

Education

0-19 No post secondary education degree.
Use number that corresponds to the total number of years of education without obtaining a post-secondary degree
(i.e., 12 = graduation from high school, 13 = 1 year of college, etc.)
20 Associates Degree
30 Bachelors Degree
40 Masters Degree
50 Law Degree
60 Doctorate
70 Medical Degree

Education _____

Ethnicity Code

A Asian/Pacific Islander
B Black (not of Hispanic Origin)
H Hispanic
I American Indian
W White (not of Hispanic Origin)
U Unknown

Ethnicity _____

Veteran Status

0 Non-Veteran
1 Special Disabled Veteran
2 Vietnam Era Veteran
3 Other Veterans

Veteran Status _____

Volunteer Signature _____ Date _____

SECTION II (To be completed by Department Head/Elected Official)

Department Location Start Date

Volunteering For Fund/Department Account Number Position#/Auth.#
(HR Use)

Scott Lewis

Department Head/Elected Official Signature

Date

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

NYE COUNTY HUMAN RESOURCES
PO BOX 3400 Tonopah, NV 89049
1981 E Calvada Blvd. Suite 120
Pahrump, NV 89048
(775) 751-6301 / Fax (775) 751-6309

____ Please email my direct deposit paystub to email address:_____

Date: _____

Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name _____

Signed _____

Date _____

I understand the due to my occupational exposure that I may be at risk for acquiring Hepatitis A virus infection. I have been given the opportunity to be vaccinated with the Hepatitis A vaccine, at no charge to myself. However, I decline Hepatitis A vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis A, a serious disease. If in the future I continue to have occupational exposure and I want to be vaccinated with Hepatitis A vaccine, I can receive the vaccination series at no charge to me.

Print Name _____

Signed _____

Date _____

Dear Provider,

As part of the Nye County Exposure Control Plan the person named below is eligible to receive Tetanus vaccination(s).

Nye County will pay all associated cost of immunizations as listed.

Employee/Volunteer Name: _____

Department: _____

Scott Lewis

Authorized signature

Send Invoice to:

Please include a copy of this form.

Nye County Emergency Management

1510 E. Siri Ln

Pahrump, Nv 89060

Dear Provider,

As part of the Nye County Exposure Control Plan the person named below has/is participating in our Hepatitis A/ B immunization program. Please obtain a sample and conduct a pre/post (circle one) titer test. Nye County will pay all associated cost of immunizations as listed.

Employee/Volunteer Name: _____

Department: _____

Scott Lewis

Authorized signature

Send Invoice to :

Please include a copy of this form as well as a copy of these results.

Nye County Emergency Management

1510 E. Siri Ln

Pahrump, Nv 89060



Nye County Emergency Management



ICS Courses

How to get started

The fastest way to begin taking the required courses is to visit the website. You can learn about each course, download materials and take courses interactively. Just follow these easy steps:

1. Go to the website: <http://training.fema.gov>
2. Click on Emergency management Institute (EMI)
3. Click on the tab on the top that says FEMA Independent Study
4. Then click on the NIMS Courses, the list will populate at the bottom of the page

Course Name: Introduction to Incident Command System

Course Code: IS-100.b

Course Name: ICS for Single Resources and Initial Action Incidents

Course Code: IS-200.b

Course Name: National Incident Management System (NIMS) An Introduction

Course Code: IS-700.a

Course Name: National Response Framework, An Introduction

Course Code: IS-800.b

Once, you have studied the training material, you can submit your final exam, all from the convenience of your home or office.

Upon successful exam completion, you will receive an email within one business day that confirms your transcript has been updated and the link to create your electronic certificate.

Nye County Emergency Management

Office: 775-751-4279

1510 E. Siri Lane, Ste # 1

Pahrump, NV 89060

Ambulance & Fire Departments Station Management

Computer Usage:

*This text is compiled from the following documents: Nye County E-mail Acceptable Use Policy, Nye County Instant Messaging (IM) Acceptable Use Policy and Nye County Internet Acceptable Use Policy.

For a copy of the documents, please contact Nye County Emergency Management (775) 751-4279.

- * “Scope: This Policy applies equally to all County employees, elected officials, contractors, **volunteers**, vendors, and other affiliates who use, access, or have access to County Internet capabilities, regardless of the person’s job title, position, pay rate, or physical work location.”
- * “Department Managers shall:
 1. Take reasonable actions to assure that all employees under her or his authority comply with the provisions of this Policy.
 2. Have the right to review, question, and maintain logs of employee Internet usage.
 3. Provide appropriate disciplinary actions in accordance with established Nye County personnel policies whenever the provisions of this Policy have been violated by any person under his or her authority. “
 4. Immediately report to law enforcement, any suspected illegal internet activity for proper investigation.
- * “Offensive content may not be intentionally accessed, displayed, temporarily stored, permanently archived, printed, distributed, edited, or recorded via any format using County data network, printing, or computing resources. Prohibited content includes, but is not limited to, pornography, sexual text or images, profanity, racial slurs, gender-specific comments, religious text and/or images, national origin, age, sexual orientation, mental or physical disability, veteran status or any other status protected under existing laws. Any content that may reasonably and/or legally be interpreted as libelous, defamatory, harassing, or slanderous is strictly prohibited at all times. “
- * “County employees have **no intrinsic “right to privacy”** with reference to any County computer, data network, data file, paper file, e-mail message, IM message, telephone conversation, nor any other media or technology owned or operated by the County, as stipulated in the, “Nye County Personnel Policy Manual: Chapter 3”. Further, all County employees shall be aware that there is no requirement for County management personnel to give advance notice to any employee prior to conducting an investigation of her or his computer usage or work performance by the use of electronic monitoring, referencing system logs, or physical investigation of computer storage devices, to include data backups, or by any other means as outlined in other County policies

Computer Use in a nutshell

1. Only use the computer or internet for business.
2. You may not use the computer for anything that might be interpreted as illegal or harassing etc.
3. If you have questions about if the content is “allowed” please contact your supervisor.
4. The Department Manager can review, question, and maintain logs of the Internet usage.

I have read and agree to use the computer only for business:

Signature: _____ Print: _____ Date: _____